THE CANADIAN NURSE

LUME 53 NUMBER 6
MONTREAL

Highlight for
JUNE 1957

THE NIGHT CENTRE
DR. C. C. SMITH

•

GREETING A PATIENT

•

(See page 514)

THE CANADIAN NURSES' ASSOCIATION

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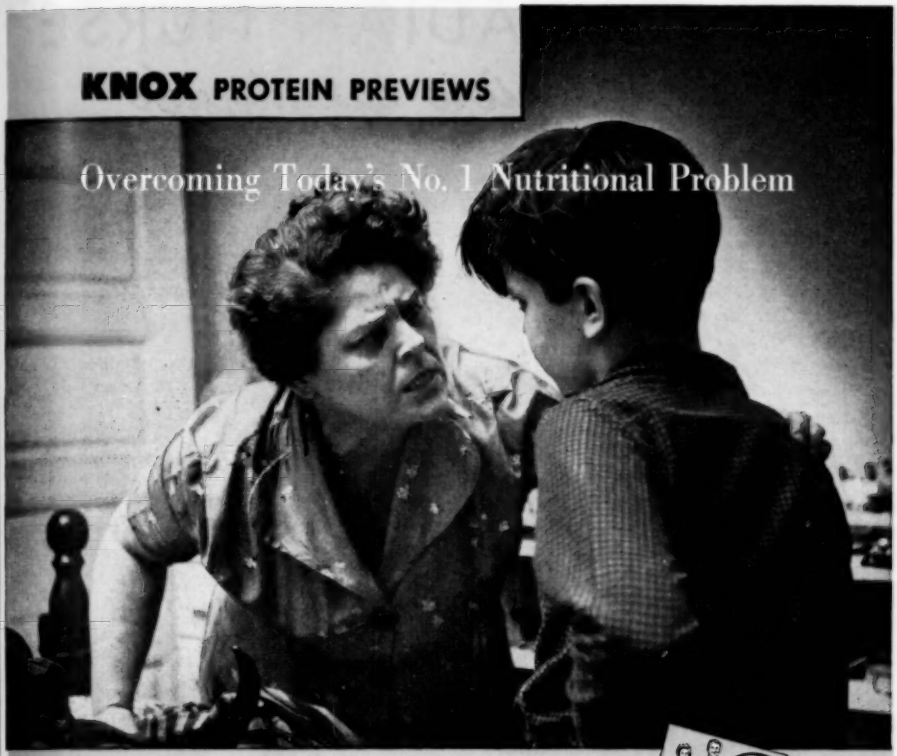

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Your Name and Address.

THE CANADIAN NURSE

L'Infirmière canadienne

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Between Ourselves

When our guest editor, **Elizabeth Rosemary Summers** accepted the presidency of the Newfoundland Graduate Nurses' Association in 1951, she knew that a long, uphill road lay ahead of her and the association to bring all of the diverse areas and interests in nursing to the point where they would be ready to become an integral part of the Canadian Nurses' Association. Now, three years after the proud moment at Banff when, as the first president of the Association of Registered Nurses of Newfoundland, she accepted the presentation gavel and illuminated address of welcome into the CNA, Miss Summers has turned over the reins of leadership to her successor. We felt it was particularly appropriate that, at this time, she should tell us briefly the stirring story of how the A.R.N.N. has lived up to the challenge implied in the I.C.N. Watchword "Responsibility" that was passed on to them in 1954. Congratulations, nurses of Newfoundland!

* * *

Many of you doubtless wondered what had happened to so many of the familiar features of the usual issue of *The Canadian Nurse* as you glanced through the **May 1957 Civil Defence** issue. They are all back again in this number, together with the two articles on Civil Defence that simply could not be squeezed into the May number despite the 128 pages — our largest issue to date. Our printers keep a reserve supply of paper on hand but even it was insufficient for the 40,000 copies we ordered. Over ten tons of paper went into the making of that single issue! We hope you are as pleased with it as we were.

* * *

In several communities, provision is made for patients to attend psychiatric treatment centres as day patients. The Night Centre at The Montreal General Hospital provides the same opportunity for treatment for those who from choice or necessity wish to maintain their normal way of life during the day, receiving essential therapy during the evenings. **Dr. C. Conway Smith** has described how this successful service functions.

* * *

A brief series of articles in this issue describes various aspects of care provided for children who are handicapped in one way or another. **Dr. Robert Gibson** describes for us the various levels of mental deficiency that may be found. To save you the trouble of hunting for your medical dictionary to look up some of the descriptive terms Dr. Gibson has used we have appended a brief glossary at the conclusion of his article.

Two authors, **Jeanne C. Wells** and **Huguette Benfante,** have written of their work as speech therapists. So frequently children who have been erroneously labelled as mental defectives receive a new lease on life when they are taught how to overcome their physical handicaps.

Finally, **May Cameron** discusses the educational program that is provided at the Hospital for Sick Children to enable youngsters who are forced to spend some time as patients in hospital to keep up with their school work.

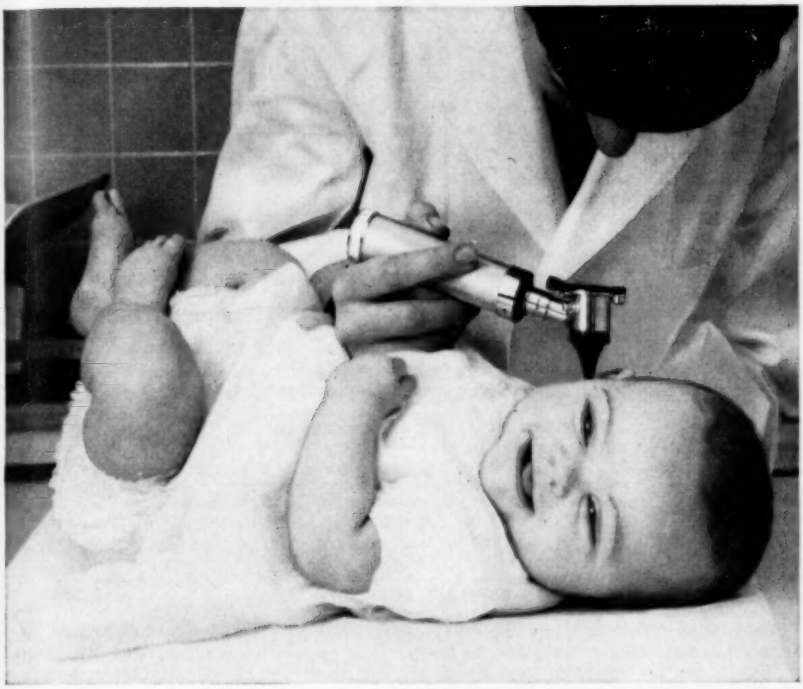
* * *

It is a well known fact that about one-fifth of the students who enter our schools of nursing each year withdraw before they complete their training. Why do they leave? What happens to these girls afterwards? Do many of them try again in the same or a different hospital? **Sister Rita Gagné** has made a very comprehensive study of this question. Several of her tabulations are included in her report. While the "resumé" gives you the gist of her comments, we have not translated the tables for even with a limited understanding of French we are sure you will be able to interpret her findings adequately. It is very interesting, concrete information.

* * *

Before this issue appears in print the **I.C.N. Congress** in Rome will be a matter of history. We shall endeavor to give you a comprehensive report on the whole week's activities in our August issue. Miss Helen Carpenter of the faculty of the School of Nursing, University of Toronto and second vice-president of the CNA, is the only Canadian presenting a paper during the Congress. It will be published in that same issue.

It looks as though we have now conquered another human ailment — the common cold. Nobody ever seems to have one any more. But lots of people suffer from "virus infections."



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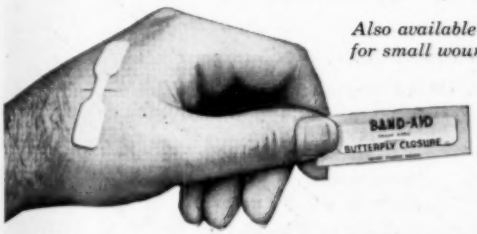

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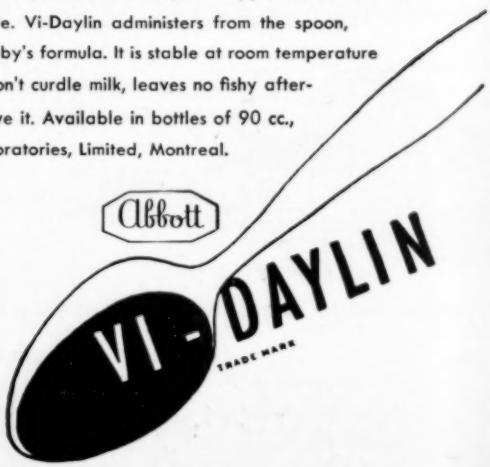

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L'Infirmière canadienne

A MONTHLY JOURNAL FOR THE NURSES OF CANADA
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All This and Much More

JUST OVER THREE YEARS AGO the Association of Registered Nurses of Newfoundland came into being. Much work and planning had gone before and it was with a feeling of accomplishment that we accepted the new responsibilities that we had been seeking.

The Newfoundland nurses who attended the convention of the Canadian Nurses' Association at Banff in June 1954, will long remember the very warm welcome accorded to their new association by the members from the other nine provinces.

What has membership in the Canadian Nurses' Association meant to us during these past three years? New contacts with fellow nurses in our own and other fields? Visits from the General Secretary and other members of the staff at National Office? Questionnaires to be filled out? Reports of research projects to study? Yes, all this and much more. There has been a growing awareness among the nurses here of what needs to be done by nurses and of how to go about doing it. To the surprise of many, they have found much to interest them in working on projects and studies or in serving on committees.

Perhaps a review of the growth, progress and activities of the Association of Registered Nurses of Newfoundland will give some indication of the health of this newest member of the Canadian Nurses' Association.

ELIZABETH R. SUMMERS

The association now numbers 947 members, of whom 251 are inactive in category though not necessarily so in interest or action. Many "inactive" members are very active in chapter business and in other ways keep in touch with nursing.

The two chapters in St. John's and Corner Brook meet regularly, and recently there has been interest shown from other centers in forming a chapter even though the number of nurses may not be great. One of the projects that these groups have set themselves is raising funds for the purpose of sending representatives to the biennial meetings.

Interest is high in having nurses go to those meetings. Those who have attended in the past, both graduates and students, have returned full of enthusiasm. Through their reports and the interpretations of national nursing developments these nurses have stirred us into positive action.

Membership on the national committees of our own provincial chairmen has had a tremendous impact on their thinking, which is reflected in the enthusiasm with which they carry out various projects. This sharing in discussion and eventual working out of problems by the provincial committees has been instrumental in drawing more and more nurses into committee activities with benefit to all. One such example, is the recent institute organized by the Committee on Nursing Education to discuss clinical instruction in the curriculum. Miss Frances McQuarrie was a very welcome guest and consultant from National Office. Most of the nurses in education were able to attend and very busy and fruitful sessions were held over a period of three days. We feel that history was made on this occasion as it is probably the first time that so many nurses from our three schools and affiliating centers planned and carried through a mutual program of such educational value to all.

Other committees have been equally busy. The Nursing Service group meets regularly and are planning a dramatic presentation for the Annual Meeting on Child and Maternal Health. The Publicity and Public Relations Committee organizes the yearly Nurse Recruitment program. The Legislation and Bylaws Committee has just finished a complete revision of our Association's Bylaws. It scarcely seems possible that this could have been needed after just three years, but there again is an indication of the abounding growth of interest in every phase of our work.

This year's Annual Meeting will be a two-day affair as we find the program growing heavier and the need for expansion is justified. Apart from reports, other sessions are planned around subjects pertinent to the needs of the profession as a whole, which we feel displays an ever-growing realization on the part of nurses generally of their responsibilities to the public, as well as to the profession and to themselves.

Yes, we think that membership in the Canadian Nurses' Association has been good for us here. We feel, too, that as a provincial nursing association, while we have far to go, we are justifying the reason for our existence, which is not merely to further our own interests, but to improve standards of nursing and encourage young nurses and would-be nurses to give of their best in the cause of their fellowmen.

ELIZABETH R. SUMMERS,
Charter President,
Association of Registered Nurses of Newfoundland

In the Good Old Days

(*The Canadian Nurse* — JUNE, 1917)

The collecting, drying and making into surgical dressings of sphagnum moss has become a very active business in the past year. It is much better than absorbent cotton. The best source of this moss is Newfoundland with quantities of it also available in the Maritimes.

Men who have suffered from the new form of warfare — the inhalation of poison gas — show cyanosis and dyspnea on the slightest exertion. The treatment is chiefly symptomatic and supporting. Prognosis depends very definitely upon the amount of gas inhaled.

Nouvel Aperçu des Services de Santé de la Défense Civile et Progrès Réalisés Jusqu'ici

K. C. Charron, M.D.

La terrible puissance *de destruction* des gros engins atomiques, jointe aux risques créés par la précipitation radioactive, a posé à la défense civile des problèmes nouveaux de plus grande envergure, dont le principal se rapporte à l'élaboration des plans relatifs à l'évacuation des villes considérées comme des cibles éventuelles de l'ennemi au Canada. Le nombre de ces villes-cibles est de treize, et la population totale de ces villes s'élève à plus de 5,800,000 âmes.

Faire évoluer rapidement ces masses de population et les recevoir dans les localités moins importantes, c'est là le principal problème auquel les organisateurs de la défense civile doivent faire face, à l'heure actuelle, au Canada. D'aucuns ont prétendu que ce problème était impossible à régler. Mais, heureusement, ceux qui ont étudié les différentes situations locales croient qu'il est possible de trouver une solution. Il est indispensable de préparer des plans d'avance et avec soin. Et la population canadienne doit savoir *"ce qu'il faut faire et quand."*

Plan d'évacuation

En ce qui regarde la défense civile, le plan d'évacuation peut se diviser en quatre phases.

Phase A — Evacuation, avant l'attaque, de grandes villes désignées d'avance, afin d'éclaircir les populations en évacuant des groupes prioritaires pendant une période d'alerte statégique.

Phase B — Evacuation organisée de villes désignées d'avance, dès que l'alerte est donnée.

Phase C — Mesures à prendre dès qu'une attaque survient dans une région donnée.

Phase D — Aide et réadaptation, destinées à la fois aux villes éprouvées par le désastre et aux régions de réception.

On remarquera que l'évacuation des villes canadiennes, en temps de guerre, comprendra deux phases: la première (phase A), pendant laquelle on éclaircira la population en évacuant les classes prioritaires de villes désignées d'avance; et la deuxième (phase B), qui comprendra l'évacuation organisée du reste de la population de ces villes. Ces deux phases devront être exécutées rapidement, et il se peut que l'on soit obligé à cause des circonstances, d'effectuer les deux d'un seul coup.

Les classes prioritaires comprendront: (a) les jeunes enfants et les écoliers accompagnés par leurs mères ou par d'autres personnes responsables. Il faudra évacuer aussi les instituteurs vers les régions de réception afin d'augmenter les aménagements scolaires dans ces régions, à l'intention des enfants d'âge scolaire; (b) les femmes enceintes; (c) les personnes âgées; (d) les adultes invalides et malades qui sont hospitalisés ou retenus à leur domicile.

Ces classes prioritaires représentent au moins 40 p. 100 de la population dans les villes déterminées d'avance et comprennent des groupes de personnes qui intéressent spécialement les Services de santé de la défense civile.

Le reste du présent article attire l'attention sur les problèmes des Services de santé et indique les progrès qui ont été réalisés jusqu'ici. Toutefois, il faut noter que *les Services de santé ne représentent que l'un des nombreux Services de la défense civile. Une coordination globale est indispensable, et la défense civile doit aussi accorder ses plans avec ceux des Services armés. Il importe également de collaborer étroitement avec les Etats-Unis.*

Problèmes d'évacuation

L'évacuation rapide de masses de

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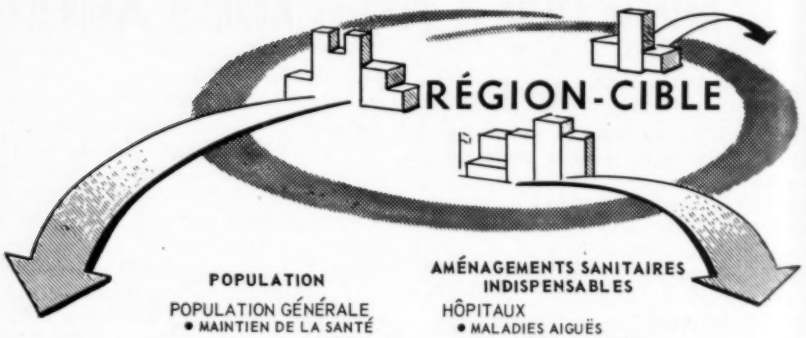
Extrait du *Canadian Medical Association Journal*, Mars, 1957.

PROBLÈMES D'ÉVACUATION QUI INTÉRESSENT SPÉCIALEMENT LES SERVICES DE SANTÉ DE LA DEFENSE CIVILE



POPULATION

POPULATION GÉNÉRALE
- MAINTIEN DE LA SANTÉ

MALADES ET BLESSÉS
- À L'HÔPITAL
- À DOMICILE

PRÉPOSÉS À LA SANTÉ
- MÉDECINS
- INFIRMIÈRES
- DENTISTES
- PHARMACIENS
- ETC.

AMÉNAGEMENTS SANITAIRES INDISPENSABLES

HÔPITAUX
- MALADIES AIGUËS
- MALADIES CHRONIQUES
- MALADIES SPÉCIALES

LABORATOIRES
- MÉDICAUX
- D'HYGIÈNE PUBLIQUE

SOURCES D'APPROVISIONNEMENTS MÉDICAUX

AUTRES AMÉNAGEMENTS SANITAIRES
- RÉSERVES DE SANG
- MOYENS D'ENSEIGNEMENT
- CENTRES CLINIQUES ET DIAGNOSTIQUES
- AMÉNAGEMENTS DE RECHERCHE
- ETC.

TABLEAU 1

population créera des problèmes importants dont plusieurs intéressent spécialement les Services de santé de la défense civile. Le tableau no. 1 illustre la situation et range les problèmes sous deux têtes de chapitre: la population et les aménagements sanitaires indispensables.

La population: Les préposés à la santé devront trouver le moyen de maintenir la santé générale de la population à un niveau raisonnable. Le succès ou l'échec de cette tâche pourraient avoir une répercussion importante sur l'effort de guerre. Il faudra soigner les malades et les blessés, et il sera très difficile d'évacuer les personnes dont l'état est critique. Il faut se rappeler que l'on trouvera dans les habitations beaucoup de personnes retenues au lit par la maladie et qu'un manque d'attention envers ce groupe pourrait créer du chaos. Le capital humain bien portant fera prime et devra être déployé afin d'être réparti équitablement entre la défense civile, les services armés et d'autres nécessités de la population civile.

Aménagements sanitaires indispensables: L'évacuation de nos grandes villes entrainera la perte, au moins temporaire, de beaucoup de nos aménagements sanitaires les plus importants. Au Canada, près de 50 p. 100 des lits d'hôpitaux, à l'exclusion des lits pour les malades mentaux et pour tuberculeux, se trouvent dans ces villes. Aussi faudra-t-il établir de nouvelles unités dans les régions de réception. En outre, il faudra des hôpitaux pour les victimes, qui seront nombreuses. Il faudra déménager les laboratoires de médecine et d'hygiène publique. Dans la plupart des cas, les réserves de sang sont situées dans des endroits vulnérables. Les moyens d'enseignements seront importants pour l'effort de guerre. Il faudra aussi considérer comme une partie du plan de survivance d'autres aménagements sanitaires comme les centres cliniques et diagnostiques ainsi que les aménagements destinés à la recherche.

Envergure des Services

Avant de discuter les nouveaux cadres des Services de santé de la défense civile, il importe de bien comprendre quel est le champ d'action de ces Services. On voit, au tableau 2, que les Services de santé peuvent être divisés

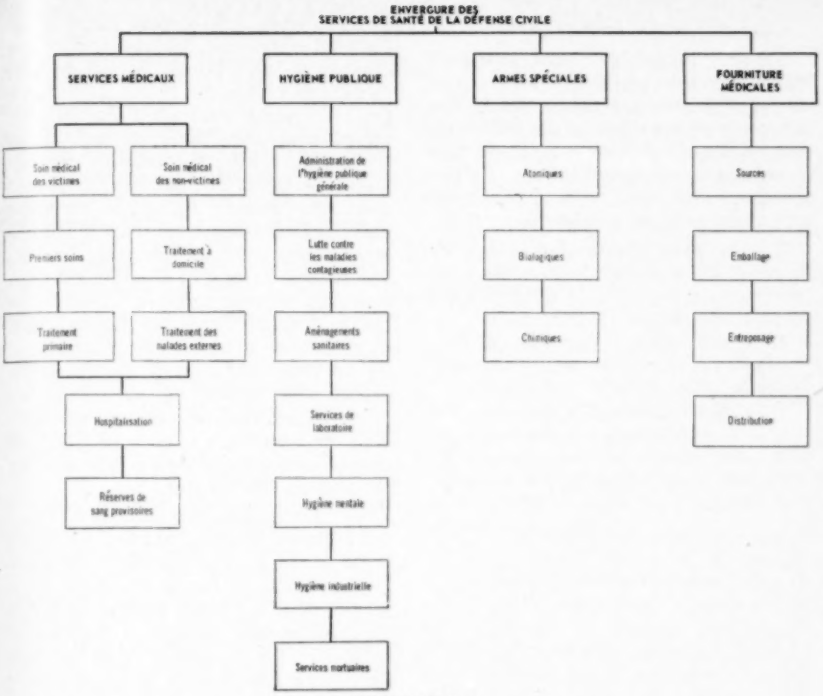


TABLEAU 2

en quatre secteurs principaux, savoir les Services médicaux, l'hygiène publique, les armes spéciales et les fournitures médicales.

Les Services médicaux prévoient les soins à accorder aux victimes ainsi qu'aux autres malades. Il faudra des hôpitaux pour ces deux groupes. Des réserves de sang provisoires fourniront du sang et des sous-produits du sang à ceux qui auront le plus besoin.

Hygiène publique: Ce Service sera chargé de maintenir et de restaurer l'hygiène publique. Il faudra lutter contre les maladies contagieuses. Une surveillance sanitaire sera indispensable et comprendra l'approvisionnement d'une quantité suffisante d'eau potable. Il faudra des laboratoires cliniques et d'hygiène publique. L'hygiène mentale occupera une place importante, aussi bien sous le rapport de la prévention des troubles individuels et collectifs que sous celui des aménagements cliniques destinés aux personnes qui auront besoin de traitements. La dispersion des substances industrielles toxiques présentera un autre problème. Aussi les Services médicaux industriels occuperont-ils une place important dans l'organisation des Services de santé. Des Services mortuaires verront au soin des morts.

Armes spéciales: C'est principalement à cause des effets nocifs qu'elles ont sur la population que les armes atomiques, biologiques ou chimiques sont utilisées. Les Services de santé donneront des conseils sur les mesures à prendre pour prévenir les blessures et minimiser l'invalidité. Chacune de ces armes créera des problèmes sanitaires particuliers et il faudra faire face à de nombreuses situations médicales complexes.

Approvisionnements médicaux: Il faudra de grandes quantités d'approvisionnements médicaux. Ces fournitures devront être emballées de telle sorte qu'il soit possible de les utiliser avec rapidité et efficacité. Il sera indispensable de décentraliser les dépôts, car il sera essentiel de distribuer rapidement les fournitures aux endroits qui en auront besoin. Un système bien organisé de fournitures sanitaires sera obligatoire à tous les échelons.

L'effet de l'évacuation

Le programme des Services de santé de la défense civile est en voie de revision depuis un an et demi. Plusieurs groupes d'étude du début ont été convoqués de nouveau et de nouveaux groupes ont été formés. Suivent quelques-uns des points importants que cette revision a soulevés.

1. Les principes fondamentaux demeurent les mêmes: l'organisation des Services de santé de la défense civile a pour principes fondamentaux;

a) la mobilisation périphérique du personnel, des transports et des approvisionnements;

b) le déploiement central des forces de la défense civile vers la région dévastée;

c) l'aide mobile en provenance des localités situées à l'extérieur de la région du sinistre.

Ces principes ont été établis à l'occasion de la petite bombe atomique et sont toujours considérés comme pratiques dans le cas d'armes plus grosses. Cependant, comme la superficie des régions dévastées sera plus étendue, il faudra mobiliser à de plus grandes distances des situations vulnérables, et la protection devra s'étendre à des circonférences beaucoup plus grandes. L'aide mobile devra provenir non seulement de régions adjacentes, mais aussi de localités qui seront peut-être situées à plusieurs centaines de milles de l'endroit du sinistre.

2. Modifications apportées à l'organisation des services médicaux a) Services de traitement primaire comprennent le personnel, le matériel et les transports dont ont besoin les centres de traitement avancé et le lieu de rassemblement des blessés qui fonctionne en face de chaque centre. Ces unités ont pour but de donner des premiers soins et un traitement primaire aussi près que possible du lieu du sinistre. On insiste sur la flexibilité et sur la mobilité. La nouvelle unité a à peu près la moitié de l'importance de celle qui avait été prévue pour l'arme plus petite. On trouvera dans un autre article de cette publication les détails qui se rapportent aux Services de traitement primaire*.

b) *Organisation d'hôpitaux*

(i) L'accent est de plus en plus sur l'hôpital improvisé: Comme il a été dit plus haut, une bonne partie de nos meilleures ressources hospitalières sera perdue. Aussi faudra-t-il établir des unités auxiliaires dans les régions de réception. L'hôpital canadien improvisé est mobile. Il peut se transporter dans une grande remorque ou dans quatre camions de trois tonnes. Il peut être monté en deux ou trois heures, soit comme extension d'un hôpital déjà établi ou comme unité autonome distincte. On utilisera cet hôpital afin d'augmenter le nombre des aménagements dans les régions de réception à l'intention des populations déplacées et aussi des victimes. Ce qui est nouveau et important, c'est que l'hôpital improvisé soignera *en permanence* les malades et les blessés.

(ii) *Evacuation des hôpitaux:* Dans les villes désignées d'avance, les hôpitaux seront évacués pendant la phase A. L'évacuation rapide et totale, ou à peu près, d'un grand hôpital moderne représente une entreprise difficile et complexe. On ne possède que très peu de renseignements sur ce sujet. Aussi les organisateurs canadiens ont dû entreprendre une étude de temps et de mouvement pour obtenir les renseignements indispensables. Cette étude s'est poursuivie à Vancouver le 19 novembre 1956, avec la collaboration de l'hôpital St-Paul et des autorités de la défense civile à tous les échelons. Elle a fourni des réponses à beaucoup des questions que l'on se posait. Elle a démontré qu'il était possible d'évacuer en quatre ou cinq heures un hôpital d'environ 500 lits et qu'une élaboration soigneuse et détaillée est indispensable au succès de l'entreprise. Cette étude est présentée avec plus de détails dans un autre article de la présente publication*.

c) *Réserves de sang provisoires:* La plupart des réserves de sang qui relèvent du Service de transfusion de la Croix-Rouge sont situées dans des endroits vulnérables. Les nouveaux dépôts devront être établis dans les régions de réception. Ces dépôts seront utilisés comme unités primaires d'où des équipes de saignement partiront

*Services de traitement primaire, par le Dr. J.N.B. Crawford.

*Organisation des hôpitaux en temps de sinistre, par les Drs. W.D. Piercy et G.E. Fryer.

pour obtenir du sang dans des régions peuplées. On espère, au moyen de la décentralisation, établir un service qui pourra recueillir 300,000 dons de sang en 72 heures.

3. *Importance grandissante des mesures provisoires d'hygiène publique:* Des mesures provisoires d'hygiène publique auront leur importance non seulement dans les régions éprouvées, mais aussi sur les routes de l'évacuation et dans les régions de réception. L'installation de larges groupes de notre population dans de petites localités provoquera de l'encombrement et, dans beaucoup de cas, les aménagements sanitaires indispensables seront insuffisants. Il faudra prendre des mesures pour lutter contre les maladies contagieuses et pour obtenir de l'eau potable. Il faudra des aménagements sanitaires pour les centres de bien-être. D'autres aménagements sanitaires devront être ajoutés à ceux qui existent déjà. De plus, des problèmes d'hygiène publique, dans les régions éprouvées, réclameront une prompte attention. Les plans que nous avons établis au début en vue d'un sinistre demeurent bons en principe; mais il faudra les modifier quelque peu afin de parer aux risques de la précipitation radioactive.

4. *Mesures relatives aux armes spéciales:* La puissante arme atomique a non seulement augmenté de puissance, elle a aussi créé un sérieux risque de précipitation qui peut s'étendre à des milliers de milles carrés. Les mesures à prendre pour minimiser les effets que cette contamination résiduelle aura sur la population constituent pour les services de santé une question importante. On insistera sur la prévention; mais il faut aussi établir des plans en vue du traitement. La redistribution, dans les petites localités, d'une partie considérable de notre population présente aussi une situation qui exige que l'on songe à l'éventualité d'une attaque à l'aide d'armes biologiques et chimiques.

5. *Fournitures Médicales:* Au début, le programme relatif aux fournitures médicales insistait sur les fournitures destinées aux victimes. Il supposait aussi que la plupart de nos ressources hospitalières seraient accessibles. Après avoir examiné attentivement la situation, on a conclu qu'il fallait parachever le programme primitif de fournitures, et cette opinion a été acceptée. Toutefois, il faut maintenant prévoir l'établissement d'hôpitaux improvisés autonomes où les victimes et les non victimes seront soignées. Il faudra du matériel sanitaire non seulement pour le lieu du sinistre, mais aussi le long des routes d'évacuation et dans les régions de réception. Il faudra du matériel pour déceler les risques créés par les armes spéciales, pour prévenir et traiter les effets nuisibles de ces armes.

Progrès réalisés jusqu'ici

Les lecteurs auront peut-être l'impression que l'organisation des Services de santé de la défense civile est en état d'évolution continuelle; mais on peut affirmer que *la plupart des plans fondamentaux ont été parachevés et que nous sommes rendus au stade de la mise en oeuvre.* Cela ne signifie pas que toutes les forces de la défense civile seront mobilisées à l'heure actuelle. Cela signifie plutôt qu'il faudrait établir des unités de base. Ces unités pourraient faire face aux circonstances critiques de temps de paix et prendre rapidement l'expansion qu'il leur faudrait pour répondre aux besoins de la défense civile en temps de guerre. Cette façon d'aborder la question semble rencontrer l'approbation générale, car les unités ainsi formées sont de proportions modérées, ce qui facilite le maintien de l'intérêt et de l'activité. Par *conséquent le Canada accepte la ligne de conduite suivante: Les Services de santé de la défense civile doivent être développés à l'heure actuelle de telle sorte qu'ils répondent aux circonstances critiques de temps de paix, et ces unités formeront les noyaux autour desquels les services importants de temps de guerre s'édifieront.*

Cette ligne de conduite sera réalisée de la façon suivante:

1. *Services de traitement primaire:* Dans son ensemble, le Canada aura besoin de plus de 800 unités; mais, pour commencer et après consultation avec les provinces, près de 400 unités seront établies. Ces unités-noyaux seront des miniatures des établissements de guerre, mais auront toutes les parties constituantes indispensables. On choisit des dépôts de réserve dans des agglomérations

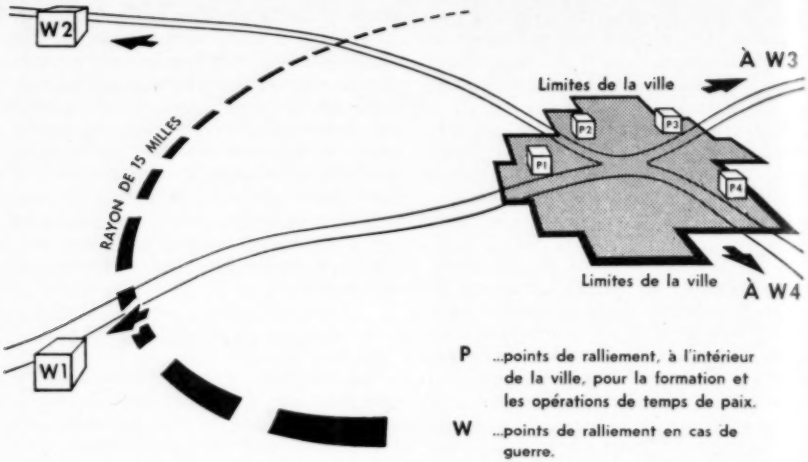


TABLEAU 3

pour fins d'opérations de temps de paix et de formation (illustration no. 3). On est en train d'accumuler des réserves du matériel nécessaire aux manoeuvres, et les unités de formation sont accessibles.

2. *Le programme hospitalier:* Le programme hospitalier a fait assez de progrès. Une série de conférences régionales sur les hôpitaux en cas de sinistre a aidé à le mettre en valeur. Des représentants de plus de 250 grands hôpitaux du Canada ont suivi ces conférences qui ont été données en langue anglaise et en langue française. Les hôpitaux représentés contiennent les deux tiers environ des lits d'hôpitaux pour maladies aiguës au Canada.

L'évacuation des hôpitaux constitue une deuxième phase dans l'organisation des hôpitaux en vue d'un sinistre. Les problèmes d'évacuation ont été étudiés lors d'un exercice qui s'est tenu récemment à Vancouver. On est en train de compiler les renseignements qui seront mis à la disposition des hôpitaux canadiens.

3. *Formation professionnelle*

Médecins: Plus de 400 médecins canadiens ont suivi des cours sur les aspects médicaux de l'organisation relative au sinistre. Ces cours durent cinq jours et sont tenus deux fois par an au Collège canadien de la défense civile, à Arnprior. L'Association canadienne des doyens des facultés de médecine, entrevus l'an dernier, ont aprouvé en principe la tenue de cours de formation abrégés à l'intention des étudiants en médecine.

Dentistes: On a récemment modifié le cours des médecins afin d'y introduire des matières à l'usage des dentistes. On espère que ce cours mixte établira une collaboration plus étroite entre les deux professions.

Infirmières: Il y a quelques années, 1,300 infirmières instructeurs ont été initiées aux aspects infirmiers de la guerre ABC. A leur tour, ces instructeurs ont donné des cours abrégés à près de 35,000 infirmières canadiennes. Récemment, 210 infirmières enseignantes ont suivi des cours de formation qui leur permettront d'établir des programmes d'enseignement dans les écoles d'infirmières de tout le Canada. Huit provinces ont déjà établi des cours de formation à l'usage des étudiants. Le plus récent programme de formation établi à l'usage des infirmières comprend des sujets d'un intérêt particulier aux infirmières du travail et de l'hygiène publique ainsi qu'aux représentants de la Croix-Rouge et de l'Association ambulancière St-Jean.

Pharmaciens: Cent vingt-cinq pharmaciens ont suivi des cours au Collège de la défense civile, à Arnprior. Ce programme s'adresse au pharmacien dans le rôle de préposé aux fournitures sanitaires et aussi d'attaché aux services de laboratoire provisoires.

4. *Simulation des victimes* est un art qui s'est développé afin de donner du réalisme à la reproduction de blessures et de maladies simulées. Elle joint le maquillage réaliste des blessures à la

représentation des symptômes qui accompagnent ces blessures dans un décor approprié. Les organisateurs canadiens ont lieu d'être très fiers de leur travail de pionnier dans ce domaine. Ils ont perfectionné un outil qui est utile pour la formation des profanes et des groupes professionnels. Un ouvrage remarquable a été préparé afin d'aider à enseigner ce sujet*. Des cours ont été tenus au Collège et 150 personnes ont été formées comme simulatrices. Trente-deux d'entre elles ont suivi des cours avancés qui les qualifient comme instructeurs.

5. *Premiers soins et soins à domicile:* La plupart des préposés à la défense civile devront avoir des notions de secourisme. C'est pourquoi un manuel spécial d'instruction a été préparé afin de fournir les notions de secourisme nécessaires pour le soin de nombreuses victimes. En ce qui regarde la défense civile, ce manuel remplace les manuels élémentaires de secourisme et a pour titre *"Fundamentals of First Aid,"* par le Dr. R. A. Mustard. On peut se le procurer en s'adressant à l'Association ambulancière St-Jean. Il sera fourni aux recrues de la défense civile.

La formation aux soins à domicile a également été revisée afin de répondre aux besoins de la défense civile. Les cours donnés par l'Association ambulancière St-Jean et par la Croix-Rouge canadienne ont aussi été modifiés à cette fin.

6. *Armes spéciales:* Cinq groupes d'études, chargés d'étudier différentes parties du programme des armes spéciales, ont présenté à ce sujet des recommandations générales. Ces recommandations formeront la base sur laquelle le programme relatif aux armes spéciales sera édifié.

7. *Fournitures médicales:*

Approvisionnement: Les commandes placées couvrent les deux tiers environ des fournitures qui, dès le début, étaient regardées comme indispensables aux besoins de la défense civile. Près de 50 p. 100 de ces commandes ont été livrées. Le reste devrait l'être au cours de la prochaine année financière. On s'attend que le reste des commandes prévues par le programme primitif soient placées au cours de l'année prochaine. Ces approvisionnements comprennent des fournitures pour les fins suivantes: Services de traitement primaire (lieux de rassemblement des victimes et centres de traitement avancé), fournitures auxiliaires pour les hôpitaux, trousses de laboratoire clinique, laboratoires d'hygiène publique portatifs, centres de saignée provisoires, trousses de pansements, unités sanitaires des centres de bien-être.

Emballage: La plupart des fournitures ainsi achetées sont emballées par unités fonctionnelles sur lesquelles le service où elles seront utilisées est indiqué. Par exemple les fournitures réservées au Centre de traitement avancé porteront les indications suivantes: réception, traitement, contention, évacuation et réserves. Ce genre d'emballage permet à l'unité de s'installer rapidement et de se mettre à fonctionner dans un minimum de temps. Des prototypes ont été mis au point à l'usage des Services de traitement primaire et un progrès considérable a été réalisé en ce qui regarde les fournitures d'hôpitaux. Le reste des fournitures sera emballé en vrac afin de renforcer les unités primitives.

Emmagasinage et distribution: La défense civile s'est entendue avec le ministère de la Défense nationale, afin que celui-ci emmagasine ces fournitures de secours. Ces fournitures seront donc emmagasinées dans des dépôts de la Défense nationale, sous la surveillance des Services de santé des forces armées. Des arrangements ont été pris en vue du roulement des marchandises périssables, de telle sorte que ces articles pourront être utilisés et remplacés pendant leur durée utile. Des dépôts régionaux seront installés à travers le pays, afin que les fournitures soient aisément accessibles à toute cible possible. L'illustration no. 4 indique l'emplacement des entrepôts régionaux.

Les dépôts régionaux principaux, secondaires et sous-régionaux seront placés sous la surveillance fédérale. Au delà de ces points, la distribution, aux échelons provincial et local, placera les fournitures sous le contrôle des autorités de la défense civile, à ces échelons. On s'attend que les fournitures seront gardées dans un entrepôt régional, jusqu'à ce qu'un état d'urgence justifie une nouvelle distribution. La distribution locale, avant l'attaque, sera particulièrement importante en ce qui

*Blessures simulées — $1.00 l'exemplaire. S'adresser à l'Imprimeur de la Reine, Imprimerie Nationale, Ottawa.

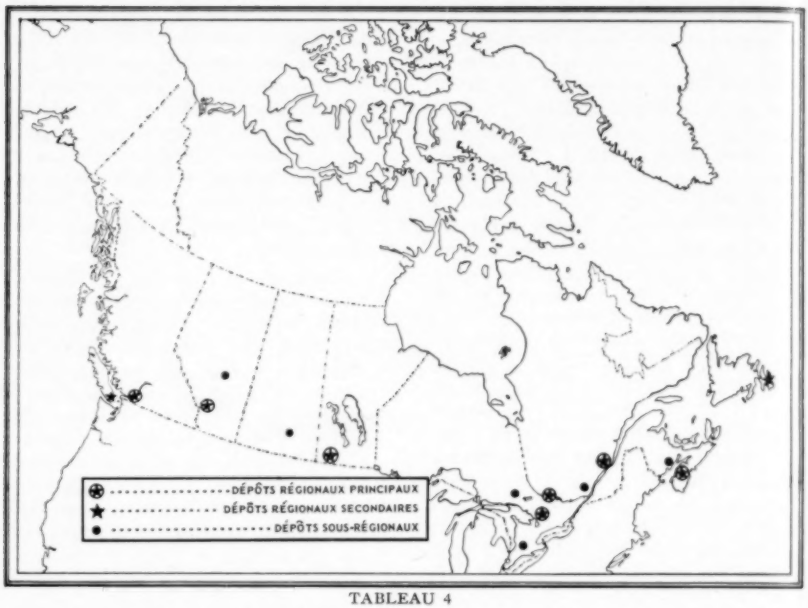


TABLEAU 4

regarde le matériel requis immédiatement, par exemple les fournitures destinées aux Services de traitement primaire, les centres de saignée provisoires, et ainsi de suite. Les fournitures réservées à la formation sont accessibles et seront distribuées aux unités par l'intermédiaire des provinces, à mesure que ces unités seront établies.

7. Progrès de l'organisation provinciale et locale

Le degré de progrès réalisé dans le développement des plans relatifs aux Services de santé de la défense civile, aux échelons provincial et local, n'est pas le même dans tout le Canada. Plusieurs provinces ont fait un excellent début sous ce rapport et en conséquence, on constate une bonne élaboration de base dans plusieurs villes de ces provinces. Toutefois, il faut admettre qu'il s'est fait peu de chose ou rien du tout dans d'autres provinces. Dans les endroits où des Services de santé actifs, provinciaux et locaux, de la défense civile ont été établis, on a tenu à faire un bon relevé de base de la région et l'inventaire des ressources possibles. On a insisté sur la formation afin d'endoctriner les professionnels et les profanes. Les conférences sur l'organisation des hôpitaux en vue d'un sinistre ont été très populaires. Ils semblent être le meilleur moyen de faciliter l'établissement de services réalistes à l'intention des victimes. Des solutions de continuité dans le programme, dans des régions qui n'ont pas préparé de plans, rendent difficile l'organisation de l'aide mutuelle et mobile.

L'AVENIR

Le développement, au Canada, des Services de santé de la défense civile sera mis à dure épreuve au moment de la mise en oeuvre. Durant l'élaboration, la plupart de nos problèmes pouvaient être réglés grâce au concours d'un assez petit nombre d'experts. On s'en est tenu à ce mode d'action en créant des groupes d'étude que donnent des conseils au sujet des détails du programme. Environ 130 médecins canadiens ont été invités à faire partie de ces groupes d'étude. La réponse a été encourageante. Mais, en mettant en oeuvre les plans qui se rapportent aux Services de santé de la défense civile, il faut compter sur la participation *active* d'un nombre beaucoup plus grands de professionnels et de profanes. Il s'agit, à l'heure actuelle, de passer de l'élaboration centrale à l'exécution sur le plan provincial et local. Il est indispensable que cette mise en oeuvre soit universelle. Cela ne veut pas dire qu'un grand nombre

de médecins seront invités à consacrer de longues heures à l'exécution de ce programme. Mais cela signifie qu'un nombre appréciable de médecins seront invités à aider à former des unités, dans une certaine mesure. Il suffira d'un ou de deux soirs par mois pour obtenir des résultats raisonnables.

Pendant que les plans actuels seront exécutés, d'autres mesures seront prises afin de mettre la dernière main aux modifications que l'acceptation du principe de l'évacuation entraîne et qui s'opéreront dans les domaines suivants:

1. *Hôpitaux improvisés:* L'hôpital canadien improvisé a été mis à l'essai, et un groupe d'étude a été chargé de mettre au point la liste des fournitures. Les cadres du personnel seront établis, et des plans d'opération et de formation formulés.

2. *Evacuation des hôpitaux:* On est en train d'analyser les renseignements recueillis aux cours de l'exercice tenu à Vancouver. Ces renseignements seront mis à la disposition de tous les hôpitaux du Canada.

3. *Réserves de sang provisoires:* On organise ce service en collaboration avec la Société canadienne de la Croix-Rouge et on espère qu'il commencera bientôt à fonctionner.

4. *Hygiène publique:* Un groupe d'étude sera formé afin d'élaborer des mesures provisoires d'hygiène publique. Les articles du manuel des Services de santé de la défense civile où il est question de l'approvisionnement d'eau et des aménagements sanitaires ont été revisés et sont presque prêts à être distribués.

5. *Formation:* Le programme actuel de formation à l'intention des médecins, des infirmières, des pharmaciens et des simulateurs de victimes sera poursuivi. Il est probable, en outre, que le personnel d'hygiène publique devra suivre des cours.

6. *Armes spéciales:* Les détails relatifs au service de détection seront mis au point et des conseils seront donnés afin de réduire et de traiter les effets nocifs.

7. *Fournitures médicales:* On étudie à l'heure actuelle la question de donner plus d'envergure au programme original. Des recommandations seront faites en ce qui regarde les fournitures des hôpitaux improvisés, des armoires de secours des hôpitaux, d'hygiène publique et celles que les armes spéciales rendront nécessaires. On entreprendra aussitôt que possible l'emballage ainsi que la décentralisation des magasins, grâce à des dépôts régionaux.

8. *Publications:*

(a) *Manuel des Services sanitaires de la défense civile.* — Ce manuel a subi une importante revision. Il n'est distribué qu'au personnel-clef qui participe activement au programme des Services de santé de la défense civile. Des chapitres de ce manuel seront édités sous forme de plaquette, ce qui permettra d'en faire une plus large distribution.

(b) *Plaquette sur l'organisation des hôpitaux en cas de sinistre.* — On est en train de rédiger cette plaquette, qui sera distribuée au personnel de la défense civile et des hôpitaux. Il y sera question de l'évacuation des hôpitaux. Sinon, une plaquette distincte sera préparée sur ce sujet.

(c) *Manuel sur les fournitures sanitaires.* — La rédaction définitive de ce manuel devrait être terminée d'ici quelques mois. Ce manuel sera largement distribué aux pharmaciens de tout le Canada ainsi qu'aux autorités de la défense civile qui s'intéressent au programme des fournitures sanitaires.

Sommaire

Le présent article traite de la revision du programme des Services de santé de la défense civile au Canada. Il expose brièvement, dans leurs grandes lignes, les quatre phases des opérations de la défense civile, au nombre desquelles se trouve l'évacuation des villes-cibles possibles. On y verra les progrès accomplis dans la mise en valeur des programmes relatifs aux Services de santé de la défense civile et l'exposé des problèmes futurs. L'importance du rôle que le médecin doit jouer dans cette mise en valeur est soulignée, et l'on y verra qu'il est indispensable que la profession médicale prenne les devants.

Nobody can lead unless he has the gift of vision and the desire in his soul to leave things in the world a little better than he found them. — *King George VI*

The Night Centre

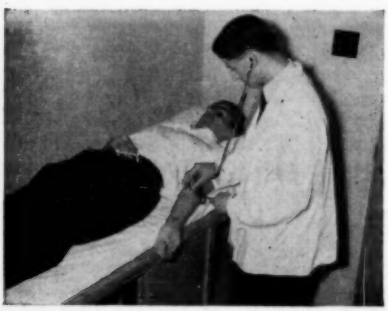
C. Conway Smith, A.B., M.D., C.M.

Closing his brief case, a senior executive glanced at the clock and made a mental note that he was due at the hospital at 6:00 P.M. Across the large city of Montreal, a young mother left her two-year old daughter in the custody of her husband as she also hurried to the Night Centre of the Montreal General Hospital. A millwright cleaned the dirt from his nails in anticipation of his trip to the same unit. Each of these persons exemplified the pattern of hundreds who by now have made use of the facilities for the treatment of emotional disturbances. Treatment is offered in such a way as to allow them to carry out their daily duties and, at the same time, to receive the benefits of psychiatric treatment early in their illness.

The Night Centre was conceived and established in 1954 by Dr. A. E. Moll, Psychiatrist in Chief, Department of Psychiatry of the Montreal General Hospital. His original motivation was based upon a desire to furnish psychiatric help for those individuals who, for financial or other reasons, could not afford to take time off for full or partial hospitalization. Business men or women employees, wives and students postponed adequate treatment while their anxieties, depression and other symptoms rendered them almost totally incapacitated. Often a husband could not afford to stop earning the living or a sick wife could not afford the luxury of a paid housekeeper while in hospital. Another important but unfortunate factor was the fear on the part of the patients that treatment for a psychiatric illness would stigmatize them in the sight of their friends or employers. Such a treatment centre thus not only offered early relief from these symptoms, but allowed each to continue to function in the daily duties of their lives without financial or social strain.

The Night Centre is located on the fourth floor of the recently built Montreal General Hospital, in the Department of Psychiatry. The unit is composed of accommodations for nine female and six male patients. These fifteen beds are essentially used for modified insulin treatment. In addition, facilities are also available for electroconvulsive treatments as well as subshock treatments. Patients on modified insulin receive treatments five nights a week, exclusive of Saturday and Sunday. E.C.T. and sub-shock are given once or twice a week, depending upon the severity of the symptoms. Those patients receiving electric treatments do not remain overnight but return to their homes. All patients receiving modified insulin remain from 6:00 P.M. until 7:00 A.M.

Psychological Testing



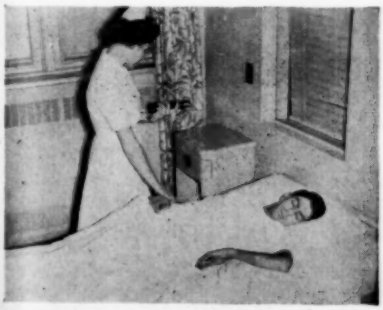
Physical Examination

Dr. Smith has been active in the treatment of patients at the Night Centre, Montreal General Hospital, Montreal.

Insulin Injection

Every patient receiving treatment is thoroughly screened by physical examination to exclude any organic illness. All patients are assigned to a psychiatrist for psychotherapy in addition to their physical treatments. Psychotherapy continues after physical treatment has been completed if the latter was also indicated. Group therapy is also available for ambulatory patients who are not in receipt of physical therapy but who may receive individual psychotherapy. Occupational therapy is made available if the patient desires it. In general, however, each patient is allowed to spend the evening after treatment in the way he or she desires. Many prefer reading, watching television, playing cards or knitting.

At present the Night Centre staff consists of a part-time psychiatrist, a postgraduate nurse trained in psychiatry, and four psychiatrists in training. A psychologist is also available for testing procedures if these are required. Dr. Moll maintains an active role in the functioning of the unit. The role of the nurse is one of the most important in the activities of the Night Centre. It is she who takes an active part in the administration of the insulin as well as acting in a supportive capacity. She is perhaps the most constant figure in the over-all therapy



Checking Pulse

Group Psychotherapy

and the person with whom the patients maintain a nightly relationship. It became increasingly evident that one head nurse on continuous duty was preferable to rotating nurses. She and the staff psychiatrist remain constant factors throughout a patient's treatment.

Weekly staff conferences are carried out at which all the staff of the Night Centre are present. The observations of the nurse and psychiatrist are thus reviewed weekly and each patient receives the combined consideration and

Occupational Therapy

efforts of the entire staff from the first interview until final discharge. In addition to a follow-up by the psychiatrist in charge of the case, the services of a psychiatrically trained social worker are often used.

The therapeutic management of the patients on physical treatment has been standardized since its conception. Patients arrive at 6:00 P.M. and prepare

for their specific form of treatment. Those patients who receive insulin have been instructed to eat not later than 1:00 P.M. on the days they receive treatment. They then receive their injection of insulin upon arrival and remain in bed for two hours. After termination of the insulin therapy, usually by the oral intake of a glucose solution, they bathe and prepare for dinner. This is served at 9:00 P.M. Individual psychotherapy may be given before or after dinner. If no psychotherapeutic interview is scheduled for the patient, he decides what use he desires to make of the evening before retiring to bed at 10:30 P.M.

All patients are awakened at 7:00 A.M. and, after having breakfast, return to their employment or home. Those patients who receive electrical treatments — whether convulsive or sub-shock — return home the same evening in the company of a relative or friend. The type of therapy each patient is to receive is determined by the psychiatric appraisal upon admission and may be modified at the staff conference, depending upon the needs that may become manifest upon later observation at staff conferences. All psychotherapy is essentially analytically oriented except in specific cases where another form may be indicated. Two case histories, will illustrate the type of patients treated at the Night Centre:

Case 3:

A stenographer of about 30 was admitted to the Night Centre complaining of generalized tension, tremors, feelings of irritability and some depression. These symptoms had been present for about two months but she gave a history of numerous hospitalizations at other hospitals, including a provincial mental hospital, for anxiety and depressive states, with suicidal attempts. She was very hostile towards her parents and more especially towards her mother for forcing her into an occupation which she utterly disliked. The salient feature in this case was much-repressed hostility towards her mother and women in general, leading to fainting spells and to the loss of jobs because of sudden intense outbursts of hostility. On previous occasions insulin treatment appeared to abort the acute phases. On this occasion her maladjustment was reaching such intensity that unless something was done for her she was threatened by the loss of another job. She was, therefore, admitted to the Night Centre and given subcoma insulin therapy. At the centre, as was to be expected, she manifested violent outbursts of anger towards the nurses and the trained attendants. This was weathered by all concerned and to her surprise she found that the world didn't disintegrate because of her own intense hostility. The patient attended the Night Centre for a period of two months, gaining some insight into her feared impulses, and was discharged improved.

Case No. 6:

A man of about 35 years of age was referred by his company doctor because of recurrent depression. Several years before he had had a depression for which he had received electro-convulsive therapy and modified insulin, with good recovery, in another hospital abroad. He came to Canada four years ago, and, after three very successful years as a drafting engineer, changed companies for better pay and better opportunities. Since changing jobs he had become anxious and depressed. He complained of somatic difficulties, spots before his eyes, headaches, heart symptoms, feelings of tension, depression and fears. He showed great anxiety about treatment and did not want shock therapy if it could be avoided. He was also anxious to remain at work if at all possible. He was admitted to the Night Centre and treated with modified insulin with unsatisfactory results. A course of electro-convulsive therapy was therefore instituted, with marked improvement. The depression lifted, he once again became interested in people, in his family and in his work, and he felt completely confident that he was cured. He actually made a very substantial gain. He lost only two or three days from work during the whole course of treatment, demonstrating again the value of the Night Centre.

In conclusion, the Night Centre appears to serve the following functions:

1. Psychiatric treatment is made available to patients without interfering with their daily work, whether in the home or during employment.
2. It provides a system of treatment

in which the individual continues to function in reality. This factor in itself is conducive to increased feelings of security — financial as well as emotional.

3. By allowing the patient to daily maintain usual interpersonal relationships regression, in the hospital setting, is markedly reduced.

4. Psychiatric treatment is available to the patient with psychoneurotic, psychosomatic and prepsychotic symptomatology at a time when therapy can be most effective, namely, before the patient becomes so incapacitated as to necessitate prolonged complete hospitalization.

5. It allows the earning power of the family to remain intact as well as providing a stable family unit throughout the treatment time.

6. It provides a supportive relationship for some patients who were previously hospitalized for a 24-hour day, prior to their final complete discharge.

7. Economically, it costs the patient considerably less than 24-hour hospitalization.

8. Patients feel less stigmatized by their illness as they are observed to be able to continue to function by their employers and friends.

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A Crisis in Nursing Education

KATHERINE MACLAGGAN

UNDER A SYSTEM of health insurance, will nursing education have to develop a new look? Thoughtful nurses will find themselves giving careful consideration to this question.

We are aware that increasing demands for nursing service, both qualitative and quantitative, will be evident. Will there be other powerful but more subtle pressures appearing? The most provocative and timely problem that may lift its head is the *cost* of nursing education.

How is nursing education financed in Canada today? Stated briefly, in the majority of instances the cost of nursing education is lost in the agglomeration that is hospital economics.

An analysis of this conglomeration may reveal what in fact amounts to an expression of a philosophy of nursing education that has long prevailed. Our resultant reaction will be one of conflict or concord, depending upon our point of view.

Under our present system of finance, in which the replacement value of services rendered by the student is a factor, several situations arise. Real money is involved as a legitimate cost of nursing education if the cost for each student exceeds the replacement value of the service she renders to that hospital. Overpayment is absorbed in the operational cost of the institution if the student's service to that hospital exceeds the cost of her education. The student has paid the entire cost of her education if she receives the type of education that costs as much as the replacement value of the service she renders the hospital.

Does the last situation evoke some interesting speculation? If the variables in the education or service components shift, this situation immediately changes. Here we can do more than speculate. We can predict that under conditions of increased demand for service it is education that will have to suffer.

In the first and second situations are the patient and the student, respectively, being discriminated against? Such discrimination against the patient on the one hand and the nursing student on the other hand would not be accepted lightly were it not for the

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rationalization *par excellence* that occasionally even we pass off as our philosophy.

The public has long accepted that nursing education is different, and seems to think that the principles which apply to other forms of post-high school education do not apply to nursing. It is different to the degree that a nurse is the product of her education in the sense that an engineer is the product of his education. To accept that it is different in other respects is what I call the great rationalization. If, by a trick of the mind, we wish to re-name this and have it appear in the guise of philosophy of nursing education, then we may sit comforted with the *status quo*.

But something in the nature of a social pressure looms on the horizon, and even if we would we cannot sit still. We have watched the evolution of events that seem to be moving closer and closer to the creation of a form of health insurance that includes hospital care.

We do anticipate an increasing demand for nursing service. Careful planning and a state of readiness on our part will be required in order to move forward with the evolution of events. Nursing must look on itself as a service to be used in the best interests of the public good. This is a truism which must not be confused with a platitude.

Is there any correlation between services rendered and education received? And should education precede service? If we are agreed that the education of the student of today influences the standards of the practitioner of tomorrow, then we must answer these questions affirmatively.

This presents the public with their area of responsibility. Public funds, which are presently outside of our control, must be placed at our disposal in such a fashion that it is possible for us to move forward with the course of events. If this is not done, presumably nursing education under any system of health insurance will remain as it is now.

Let us speculate with the example of the school of nursing which spends more money on its students for education than the hospital receives from them in service. The cost of education for these students will constitute what is in effect a hidden tax, if the cost is met within a prepaid hospitalization scheme. This system has one advantage over the present one to the extent that the cost would be distributed evenly among the participants in the scheme. We might at first glance welcome this change, and think that here at long last is some public money, in sizeable amount, wending its way by indirection to nursing education. But here lurks a nemesis!

There is a sharp correlation between cost and adequacy of service. Departments of health or other administrators of the pre-paid hospitalization scheme will of necessity be preoccupied with service to the public. As long as nursing education is lost in the problems of cost and service, it will be weakened. In turn, the quality of nursing service will diminish in ratio to the poverty of educational opportunity.

This has long been our problem and we must acknowledge that all these factors exist now. The difference under a system of health insurance will be one of degree. It is nursing that will be placed under the greatest amount of pressure. It is this tremendous pressure that will render all too evident any weaknesses in our system of nursing education. The evidence is especially apparent now in our shortage of administrators, teachers, supervisors, researchers and writers, on whom the perpetuation and growth of our profession depends.

Is there a crisis in nursing education? If so, we must face it.

Are principles of education involved in the crisis? If so, nursing must accept the responsibility of applying principles to the education of nursing students, but society must provide the means whereby nursing can assume this responsibility.

Has this crisis been created by pressures from within the framework of health services? If so, many people are implicated who must help us transform this crisis into an advantage.

Knowledge about an issue can change that issue. We have a responsibility to be knowledgeable. It is possible to deal with an issue with such skill that evolutionary processes can be

facilitated. We must set in motion a plan of action that can anticipate and resolve the dilemmas presented to us by the imminence of health insurance. It is too big a thing in its implications and its details to be ignored.

Some Basic Facts about Mental Defectives

ROBERT GIBSON, M.D., D.P.M.

THE FUNDAMENTAL FEATURES of mental deficiency are *intellectual retardation* and *social incompetence*. These are the result of conditions which have interfered with the normal development of the mind. Such conditions include hereditary factors passed on from the parents, congenital factors operating from conception up to and including birth, and postnatal environmental factors. In addition to causing intellectual retardation and social incompetence these same factors may also produce obvious physical abnormality. Consequently, a mental defective may first attract attention because of his lack of intellectual progress, because of his social incompetence, or because of his distinctive physical picture. Thus, he may stand out from the ordinary run of individuals owing to his inability to make headway at school, or through incapacity to look after himself and manage his life with ordinary prudence, or else because of his abnormal appearance or some pathological condition. Because of the amount of his deficiencies he clearly needs care, supervision and control.

The degree of intellectual retardation is established by intelligence tests and is commonly expressed as an *intelligence quotient*. An intelligence quotient of under 70 in an adult or child denotes an intelligence within the defective range. Social incompetence, on the other hand, is determined by the individual's own life history, as seen in its developmental, scholastic and socio-economic aspects.

Depending on the severity of their state, defectives are graded as *moron, imbecile* or *idiot*. Moronity implies an intelligence quotient of 70 down to 50, the need for care, supervision and control for their own sake or that of others, together with inability to plan work for themselves or lay out their earnings.

Imbecility implies an intelligence quotient of 49 to 20, sufficient ability to guard against ordinary physical dangers, and capacity only for the simplest routine tasks. An imbecile, for example, has sufficient sense to know that fire burns or that an oncoming auto means danger.

Idiocy, on the other hand, implies an intelligence quotient under 20, inability to guard against ordinary physical dangers, and total incapacity for work of any kind. An additional grade of moral defective has been recognized, largely for administrative purposes. Moral defectives are "persons who from an early age display some permanent mental defect coupled with strongly vicious or criminal propensities on which punishment has little or no deterrent effect."

The actual incidence of mental deficiency has been estimated at anything from 0.5 to 3.0 per cent of the population. One of the most comprehensive surveys, carried out in England and Wales, was the subject of the Wood Report in 1929. This established a defective rate of 8.6 per thousand for the population as a whole. However, when an analysis was made according to age-groups, the defective rate was as high as 30 per 1000 at age 12, whereas it was only 5.7 per 1000 in the 30-39 age group. In the first case the diagnosis of mental deficiency was based primarily on intellectual factors, while in the second instance the social criterion was all-important. Nevertheless, certifiable mental deficiency is a state of both intellectual

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retardation and social incompetence. Therefore, on this basis, only a proportion of children with an intelligence within the defective range can later be expected to develop the additional social incompetence to justify their certification as mental defectives. Where high estimates of mental defect have thus been obtained they have been based on low intelligence alone.

It seems probable that over the population as a whole about 1.0 per cent alone are mentally defective. Fortunately for provincial finances, not all of this 1.0 per cent needs to be removed from the community. The number who, for one reason or another, require institutional care is only about one-fifth of this, or 2 per 1000 of the general population.

From the point of view of grades, defectives are made up of 75 per cent moron, 20 per cent imbecile and 5 per cent idiot. These are the figures for defectives in the community generally. In institutions, however, imbeciles and idiots, who are sometimes collectively referred to as low-grades, show a tendency to accumulate, and here, therefore, their numbers are relatively greater than in the general population. This increased proportion of imbeciles and idiots in institutions has its advantages for some of the most interesting clinical types are to be found in these groups.

Clinically, mental defect is associated with about a hundred different conditions and the number is steadily growing. For the sake of convenience we can divide defectives into two broad groups, depending more or less on the presence or absence of obvious pathological conditions. Although a certain overlap occurs, we can make out a group where sociological factors occupy most of the picture, and another group where organic defects are outstanding. Under the first heading pride of place goes to the section of subcultural mental deficiency.

Sociological Factors

Subcultural mental defectives make up about half of all defectives and provide the bulk of the moron grade. In the majority of cases they are not themselves the children of defectives but stem from the dullard or intellectually lower levels of the general population. Poor homes with instability, insecurity and lack of intellectual stimulation, failure at school and later, poor work habits and economic incompetence all darken the picture. The condition, however, is essentially hereditary although no doubt aggravated by factors of this nature. Such people are not able to measure up to their environment, and consequent inability to live up to the standards of society is apt to result in socially unacceptable conduct. There can be no doubt that this group, giving rise as it does to the bulk of morons, constitutes a major problem.

The growing complexity of modern life is undoubtedly showing up as defective many who would have been capable of independent existence under simpler conditions. Until recent times, in fact, morons were scarcely heard of. The obvious mental defectives were the imbeciles and idiots. Morons, in other words, were still largely absorbed within the community. Those were the days when simple crafts prevailed and mechanization had not yet come to the farms. In a less complex society, people of moron intelligence found the simple work to provide them with lowly but steady employment, as well as the more personal type of environment to encourage stability.

With the advent of industrialization and the growth of a more intricate culture these people could no longer cope with increasing complexity and thus stood revealed as intellectually and socially inadequate to maintain their place in the community. And so a new class of defectives, the morons, came to be added to the imbeciles and idiots. When, therefore, we look at our own times and see that our civilization is far from diminishing in complexity we may reasonably assume a continuance of this process.

Organic Defects

Coming to the second basic group, where physical abnormality and organic disease are associated with mental defect, we meet a vast array of most interesting conditions, which may be listed under mongolism, congenital syphilis, skeletal, neuromuscular, special sense and cutaneous sections.

Mongolism accounts for 5 per cent of all defectives. The type gets its name from a fancied resemblance to racial mongols. Indeed, for a time mongol defectives were thought to be a throw-back to a prehistoric racial mongol ancestry. We now know, however, that the mongol defective is the result of abnormality occurring about the eighth week of intra-uterine development. Special features of the mongol dwarf are to be seen in eye, ear and mouth, and in skull, hand and foot. The eye is oblique up to the age of ten years, owing to persistence of a fetal fold. After that age it becomes small and bird-like. In addition, the iris shows a peculiar speckling and the eyelids are thickened. The ear, too, is frequently deformed. The lips are thick and fissured, the tongue is fissured, and the teeth may be small or peg-shaped. The skull is round or globoid. The fingers are short and stumpy, the little finger incurved, and the palm may show only a single flexion-furrow. The foot generally has a wide gap between the first and second toes. Apart from physical characteristics younger mongol defectives tend to be rather appealing and affectionate children with quite a flair for rhythm.

Congenital syphilis at one time accounted for 3 per cent of all defectives but is now increasingly rare. In this respect it parallels the drop in incidence of general paralysis of the insane which has similarly occurred in mental hospitals. Indeed, the nurse may not even encounter a case.

In the *skeletal* group, mental deficiency is associated with abnormalities of the skull, peripheral bones, and certain types of dwarfism. Abnormality of the skull in size, shape or even consistency may reveal the cause of mental retardation. Thus the patient may have the large, top-heavy skull of hydrocephaly or the excessively small skull of microcephaly; or he may attract attention because his skull is excessively high or tower-shaped, or because of obvious defect in its bony structure.

Peripherally he may manifest the excessively long slender bones of arachnodactyly or the limbs on one side may be enlarged, as in hemihypertrophy. Several distinct varieties of dwarfism may be encountered. With early diagnosis and treatment *cretins* are not now as common as they used to be, but they do still occur in the population of the mental deficiency institution. Even if this type of dwarf is diminishing, sufficient variety is nevertheless maintained by the quaintly named gargoyle, not to mention the Laurence-Moon syndrome with its obesity, faulty vision and extra fingers and toes.

Of the *neuromuscular* group cerebral palsy is likely to be well represented. The disability of cerebral palsied children varies from slight stiffness and clumsiness of movement right up to the widespread paralysis of quadriplegia and the bizarre grimacing and worm-like movements of bilateral athetosis. This group also includes many less common conditions, from the muscular dystrophies to amaurotic family idiocy. Indeed, the rich possibilities for study and the wide range of interest here is perhaps not fully appreciated outside this field.

The cause of mental deficiency may be revealed by abnormalities of the special sense organs, more especially the eye, ranging from congenital cataract, the result possibly of German measles in the mother, right up to the miniature eye of microphthalmia. Finally, mental defect may be associated with abnormalities of the skin and its pigmentation. This condition, perhaps surprising at first sight, is seen in proper perspective when we recall that skin and central nervous system are derived from the same embryonic layer, and that abnormality of the one can be reflected in the other. Thus every mental deficiency institution of any size is sure to number cases of epiloia with its distinctive butterfly rash on the face, as well as neurofibromatosis with its equally characteristic café-au-lait spots and soft cutaneous tumors.

Where skin pigmentation is implicated one of the most absorbing diseases is phenylketonuria. Here, absence of an enzyme leads to failure to metabolize phenylalanine, an animoacid essential for the color of skin, hair and iris. The resultant bleaching is clearly visible in the blond, or rather, pallid skin, and in the fine blond hair and blue eyes. At the same time, toxic

products from impaired phenylalanine metabolism have an adverse effect on the nervous system, most noticeable in the profound depression of intelligence which accompanies this metabolic error. In phenylketonuria the contrast between the fine blond skin and low-grade mental defect, a state not usually associated with an unblemished skin, is itself sufficient to attract attention, even before the diagnosis is confirmed by the characteristic urinary reaction.

These and many other intriguing cases are the everyday experience of those who work with mental defectives. Indeed, in the richness of clinical material alone, this branch of nursing has much to offer and when all aspects are considered the care of mental defectives can be seen to have its own special compensations no less satisfying than any other field.

Glossary

Amaurotic — affected with blindness.

Arachnodactyly — a condition in which the fingers, sometimes the toes, are abnormally long.

Athetosis — recurrent, slow and continued change of position of the fingers, toes, hands and feet.

Epiloia — a syndrome associated with mental deficiency.

Microphthalmia — a condition in which the eyeball is abnormally small.

Speech Therapy

JEANNE C. WELLS, L.C.S.T.

THE CEREBRAL PALSY CENTRE in Saint John, N.B., receives some assistance from provincial and municipal sources but relies on tag days, garden parties, pantry sales etc., for the greater part of its annual budget.

Three years ago the Centre started with a handful of children. Parents, with friends, transported the patients back and forth, kept the building (an old two-room school house on the edge of town) clean and in repair, and took their turn in staying at the school for a morning to help. At that time it functioned as little more than a nursery for the patients. The important gains were made by the parents who for the first time came into contact with others facing similar or worse problems. A local primary school teacher took a great interest, coming out on Saturdays to supervise the education program. Qualified physio, occupational and speech therapists were more difficult to find than the proverbial needle in a haystack and during the week there was no regular staff. Now we have — full-time — a teacher, a speech therapist, a physio-occupational therapist, an unqualified assistant working under her, and are contemplating a second assistant. A cleaner is employed daily, a furnace has been installed to take the place of open-bucket fires, a speech therapy room has been built in and various pieces of equipment from a tape recorder to crutches have been acquired. In addition, we have extended the school day until 2:30 P.M. and the number of patients has slightly increased — eleven. We now need more staff and more room.

Once a month a diagnostic clinic is held and it is primarily from this that we get new patients. Following the doctor's recommendation an application form is submitted to our voluntary school board, a mental health assessment carried out as soon as possible and the child admitted, on the understanding that if it is found he is unable to benefit we may not retain him.

The objectives of such a Centre can be simply stated. We aim to make a child as independent of others as he can be, to use his disabilities to his best advantage and, when at all possible, fit him to take his place in a working world. Inability to earn a living or do much for himself, necessarily means a different goal.

Miss Wells is Speech Therapist, Cerebral Palsy Centre, Saint John, New Brunswick.

A comparison between any one of the patients' accomplishments three years ago and now might lead the layman to think we provide a revolutionary form of treatment. The truth of the matter is, our present patients are as much the victims of lack of knowledge as of cerebral palsy — a good thing in its way since official and non-official reaction is proportionate to achievement in the early stages of an undertaking like this. As an example, only two of the patients coming for speech therapy have speech disorders arising out of cerebral palsy, *per se* and, of those two, one only is unable to communicate effectively through speech. It is felt, that when some of the more severe cases pass through our hands the results will be more in line with the general picture.

I shall go into the examination of a speech therapy cerebral palsy patient in some detail dealing specifically with the spastic in order that you may realize the difficulties with which he has to contend. The possible concomitant defects of mental retardation in the spastic group and deafness in the athetoid group, however, may of themselves preclude the development of speech if present in a severe enough degree. When combined with an affection of the speech musculature the patient can often be classified as more mentally retarded than he is actually, if at all. In addition, emotional maladjustment may prevent the child from developing speech or the parents may fail to stimulate him because of his physical condition.

Typically, a spastic cerebral palsy cannot protrude his lips nor can he elevate the tongue tip. The problem of drooling is not due to excessive secretion of saliva as was previously thought (or to mental retardation), but to the ineffectual action of the sphincter muscles of the mouth and those of the pharynx.

The following is an outline of the speech involvements that can be found to a greater or lesser degree. In a few cases the presence of a cerebral palsy condition is evidenced only by an affection of all or some of the cranial nerves supplying the speech muscles.

Lip Musculature: Usually the patient is open mouthed, with the lower lip thickened and saliva drooling out of one corner of the mouth. The labial sounds — p, b, m, w — and some of the vowels cannot be effectively articulated.

Tongue Musculature: Fibrillary tremors are often present making it impossible for the patient to keep his tongue still. The lingual sounds — t, d, n, l, r, s, z, sh, ch, k, g, ng — cannot be articulated together with distinct vowel formation.

Palatal Musculature: Failure to effect a competent palato-pharyngeal closure gives the patient's voice a nasal quality.

Breathing Musculature: This may give rise to "reversed breathing" (a neuromuscular conflict between inspiration and respiration) in which the patient has difficulty in controlling the respiratory mechanism for the purposes of speech.

Laryngeal Musculature: Many cerebral palsy patients are dysphonic which may be due to involvement of the vocal apparatus itself but is more often produced by associated movements when attempting to vocalize, e.g., rising out of the chair with the head extended or turning the head to one side and flexing one arm.

The lesion in a cerebral palsy patient produces a disorder of articulation not a disorder of language. The patient is able to comprehend the spoken and written language and to use inner (silent) speech but is not able to execute it in the normal manner. A typical patient, however, does attempt to develop speech and can be understood by those in close contact with him. A gesture language is usually developed as well.

It must be borne in mind that any therapy with cerebral palsy children is necessarily slow. The speech condition cannot be alleviated by surgical or medicinal intervention. Under stress of any kind the patient's conscious control is weakened and he tends to become unintelligible. The end result of therapy is rarely "normal" speech. Treatment is:

1. Relaxation to eliminate unnecessary movement while vocalizing.
2. Exercises to improve the mobility of the lips, tongue and palate, control the head and neck, and drooling.
3. Breathing exercises.
4. General stimulation of the patient's speech sense.

Superimposed on the organic condition there is often an emotional one

which might require treatment before the speech therapist can take over.

In conclusion, it cannot be too strongly stated that the problems surrounding cerebral palsy are not confined to the patient. Parents must receive help at the earliest possible time in order that their child may grow up to take advantage of the program available. After three years some of our parents still find it impossible to shake off the preconceived ideas regarding their child's potentialities that they have held for a number of years.

Orthophonie

Huguette Benfante

La collaboration étroite qui doit exister entre tous ceux qui gravitent autour du patient demande que chacun soit averti des possibilités de traitements qu'offrent les différents services d'un hôpital. Le but de cet exposé est de faire connaître l'orthophonie, science paramédicale qui s'occupe des troubles de langage, mais surtout d'expliquer la façon dont la clinique d'orthophonie de l'hôpital Sainte-Justine est organisée pour aider l'enfant handicapé.

Quand on considère l'importance que prend aujourd'hui la transmission orale, on peut se rendre compte de la place appréciable que tient la thérapeutique de la parole dans le programme de réhabilitation de l'enfant. Un enfant qui a des troubles de langage et n'est pas corrigé pendant ses premières années est presque fatalement handicapé socialement quand il arrive à l'âge adulte. L'enfant doit donc être traité alors qu'il est jeune.

Prenons le cas concret d'un enfant de trois ans et demi qui est effecté d'un trouble de langage. Il est envoyé à la clinique d'orthophonie par son médecin traitant, ce qui implique que cet enfant est sous contrôle médical et possède une recommandation écrite de son médecin; ceci est indispensable pour l'admission de l'enfant à la clinique d'orthophonie.

Un premier test d'évaluation, afin de poser un diagnostic orthophonique, est fait par l'orthophoniste. L'enfant s'y soumet généralement de bonne grâce, le matériel ayant été spécialement prévu pour qu'il se sente à l'aise et délivré de toute appréhension.

Mlle Benfante est institutrice spécialisée de Hôpital Ste-Justine, Montréal.

Il est indispensable de faire un examen du mécanisme oral périphérique; aspect et mouvement de la langue, des lèvres, du mandibule, du voile du palais, etc.; de pratiquer un contrôle du fonctionnement respiratoire, et de donner une liste des omissions, substitutions ou distorsions phonétiques qui affectent le langage du petit patient.

Un test de vocabulaire par l'image nous permet de situer les anomalies d'articulation dans les mots courants. Un test de conversation spontanée nous permet de contrôler les constructions grammaticales et le degré d'intelligibilité de la conversation du patient.

Nous ajoutons à cela un test élémentaire d'audition, quelques observations sur la coordination motrice, la dextérité manuelle et le comportement général de l'enfant pendant cette séance.

Si j'insiste tellement sur ce premier examen, c'est qu'il sert de base aux discussions qui suivront et qui décideront, dans les cas, par exemple, de la clinique de paralysie cérébrale, en collaboration avec le médecin, le psychologue et les autres membres de cette clinique, du sort de l'enfant dans l'élaboration du programme thérapeutique.

Généralement, pendant que l'enfant passe ce test, les parents sont interrogés et une histoire du développement général, du développement de la parole et du milieu social est soigneusement établie.

C'est après discussion et confrontation des deux examens qu'une décision est prise par l'orthophoniste, quant à l'éventualité du traitement, et que le rapport est envoyé au médecin traitant.

Le deuxième stade est celui de la thérapie. Le petit patient est accepté; il a été décidé qu'il viendrait à la cli-

nique trois fois par semaine en thérapie individuelle pour une durée de trente minutes chaque fois.

L'orthophoniste, se basant sur le premier examen, a préparé un programme de thérapie. Ce programme est rarement suivi à la lettre, non quant au but à atteindre, mais quant au moyen utilisé pour l'atteindre, une des qualités indispensables de la thérapiste étant de varier ses méthodes au gré des réactions imprévisibles de l'enfant. Quel que soit le cas qui nous est soumis, l'enfant vient à nous et doit parler . . . il faut donc éliminer toute contrainte, il faut que l'enfant se sente compris, heureux et détendu.

Le troisième point à aborder est celui de la collaboration des parents. Le travail fait à la clinique doit être complété à la maison. Tous les enfants, quel que soit leur âge, ont un programme tracé à domicile. Un contact permanent est établi entre orthophoniste et parents. Pour les plus âgés qui viennent seuls, on organise une réunion de parents environ tous les deux mois afin de pouvoir librement discuter des problèmes de l'enfant.

En ce qui concerne les enfants d'âge scolaire, nous nous mettons en rapport avec l'éducateur, afin de discuter certains problèmes de comportement, certaines difficultés auxquelles fatalement sont soumis les enfants "mal parlants," quand ils sont mêlés aux autres.

Un programme de réhabilitation s'adresse à toutes sortes de cas, c'est-à-dire, aux enfants atteints de fissure palatine, de bec-de-lièvre, de trouble d'articulation, avec ou sans dommage central, de trouble de phonation, de déficience auditive, de surdité acquise, d'aphasie, de paralysie cérébrale et de bégaiement. Cette variété de cas laisse entrevoir les multiples formes que peuvent prendre les traitements.

Il existe des méthodes de base, placement phonétique devant le miroir, stimulation auditive, etc., mais aucune n'est valable sans l'imagination, l'initiative, et cette faculté constante de renouvellement qu'exige ce genre de travail auprès de l'enfant.

L'orthophoniste rédige régulièrement un rapport sur les progrès enregistrés par l'enfant; le médecin reçoit copie de ce rapport.

Avant de terminer, je me permets d'insister sur un point, c'est que l'enfant qui nous est confié est un tout pour nous, quand il s'agit de langage; il ne s'agit pas seulement du mouvement de la langue ou de la mâchoire, ou de l'émission d'un son, mais d'un acte qui engage tout le mécanisme et toute la personnalité de l'enfant. Il a le droit d'exiger de nous que notre thérapie tienne compte de toutes ses aspirations. Il a le droit d'exiger que nous mettions en oeuvre toutes nos ressources pour qu'il puisse, comme nous tous, entendre, s'exprimer, enfin vivre le plus normalement possible.

School is a School — is a School

MAY CAMERON

SCHOOL CLASSES have been carried on in The Hospital for Sick Children in Toronto for over 40 years. They preceded by quite a long period the various other occupational and diversional activities which help to make the children's days more normal and interesting.

At this hospital two teachers, books and the necessary equipment are supplied by the Toronto Board of Education. The books are transported from ward to ward on bookmobiles. Because children come from many different places, textbooks are required in each series for each grade. Children feel more at home when they are handed the texts to which they have been accustomed.

As is always the case, it was expected when the hospital moved, in 1951, from its crowded quarters to a new building, that all difficulties were ended. It was soon apparent that in

Miss Cameron is with the School Teaching Department of The Hospital for Sick Children in Toronto.

Barry's school work is not seriously interrupted.

many situations one set of problems had been exchanged for another. True, the large, old-fashioned wards were not ideal for school teaching as the younger children were often disturbing elements, and the hospital routines broke in on the continuity of study. However, the teacher could keep her eye on her whole brood and move easily from one to another giving individual instruction. With small four or six-bed wards, it became much harder to handle as large a group satisfactorily, and the extent of the teaching had to be curtailed somewhat. Fortunately, the shortened hospitalization periods of today make this of much less significance than would have been the case 10 years ago.

The teachers now concentrate their efforts on long-term orthopedic and medical patients, believing that the relatively brief interruption in their studies experienced by most of the other children will not affect their school standing.

All teaching is within the public school framework. No secondary school teachers are assigned.

The playrooms on the wards for older children are not large enough to accommodate bed patients, but, fortunately, one of the medical students' teaching rooms is usually free in the morning, so one group gathers there. Others are concentrated both morning and afternoon in a large six-bed ward. This has covered the requirements reasonably well.

To combat the isolation that illness inflicts, the hospitalized child needs to do as many of the same things in the hospital as he would be doing at home. When a child is of school age, part of his daily routine is going to school. At The Hospital for Sick Children different groups of children have an hour program of school work each day, five days a week. Because instruction is almost entirely individual, each child averages approximately one hour's work with the teacher each week. This individual instruction has the advantage of helping children who may have encountered difficulties.

To carry out a successful program of hospital education, every member of the hospital staff must appreciate its importance in the plan for total care. It is in his daily relationships with all these people that the child grows and develops. With planning, the child's education can be incorporated into his day's program, thus allowing him to live a more normal life while in hospital. Work by the chil-

dren is a release for their emotions and a stimulus for educational growth.

Physical difficulties present learning problems. Many children are in casts, others on orthopedic frames, some in wheelchairs and frequently children have disabled arms or hands. Each child presents a different problem for the teacher's help and encouragement.

Mental progress must match physical improvement if a child is to be, in a true sense, rehabilitated. Upon returning to school, a child is happier if he can proceed with the class he had been in before his illness. Children who fall behind with a younger age group are frequently socially and emotionally maladjusted. In order to keep the children abreast in their basic subjects — arithmetic, reading, literature, spelling and language — the time, short at best, spent with each child is chiefly devoted to these subjects. Therefore, we feel that our children are bound to benefit by this program of mental discipline which we are striving to present in our hospital school.

Provincial Association Activities

A STUDY OF THE provincial reports submitted at the CNA Executive meeting in February, 1957 reveals certain factors which are currently affecting or will affect Canadian nursing.

Hospital Insurance Programs — From Alberta comes the report of a plan presented to the association by the Hospital Insurance Planning Committee. Study of the plan prompted the Nursing Service Committee to submit a Brief since the budget allocation for nursing services had not been based on an adequate estimate of nursing service needs. In Nova Scotia, a member of the association has been appointed to the Provincial Health Planning Committee set up in connection with a proposed plan for hospital insurance. A brief was submitted from the R.N.A.N.S. to this committee dealing with the proposed plan. The report of the chairman of the CNA Committee on Nursing Education expressed anxious awareness of the very great social pressure which a health insurance scheme at a national level would exert upon nursing and nursing education.

Home Care Programs — The National Council of Women has suggested that home care programs should be studied by their provincial councils. Recently, in accordance with this suggestion, the subject was presented to an annual meeting of the Manitoba Council. It was discussed again by the Winnipeg Council. Since such a plan of care affects greatly the capacity of a hospital to give care to the acutely ill, more consideration will undoubtedly be given to their development. Nursing service is an important factor in the implementation of home care. The Manitoba report expressed the need for alertness of nursing leaders to discussions along these lines. They should be prepared to interpret the relationship of home care to improved patient care, to hospital facilities and to the financing of public or private health services. Public relations enters the picture too. The National, provincial and local Councils of Women afford an excellent channel through which the scope of nursing services may be interpreted to the public.

Provincial Office Accommodation — No more practical example of the expanding volume of work can be found than in the expression of need for more space. The R.N.A.O. will officially open its new building in April. The A.N.P.Q. is presently faced with the problems of cramped quarters and the need for more staff. An analysis of office functioning has been recommended — a procedure followed by several provincial offices in a similar situation. Alberta has formed a committee to investigate the possibility of securing either larger office space or property on which to build.

Psychiatric Experience — The increasing importance of the care of the mentally ill is reflected in the

emphasis being placed upon student experience in the psychiatric field. Prince Edward Island is preparing to give all its students affiliate experience. The registration examination in psychiatry is presently written as an elective. Quebec plans to introduce an examination in psychiatric nursing with the November registration examinations. Nova Scotia ruled that the examination in psychiatry may be written only after completion of theoretical and clinical experience.

Student Nurse Recruitment — The use of Future Nurses' Clubs as a means of attracting eligible applicants to schools of nursing is currently under consideration in Manitoba. Newfoundland carried out an extensive program with greater concentration on the outlying districts. Prince Edward Island also had an active program. Quebec reported that a total of 799 students received Youth Training grants and that the amount of annual grants is to be increased.

In addition to these special areas of interest each province reported developments peculiar to its particular situation.

ALBERTA

1. Introduced bylaw changes allowing alternation of the committee structure to conform to CNA structure.

2. Prepared a suggested course outline of refresher courses for inactive nurses.

3. Planned a public relations program to help interpret nursing to the general public.

4. Requested the University of Alberta and the Department of Health to establish a training centre with adequate facilities for clinical experience in all aspects of public health.

BRITISH COLUMBIA

1. Changed basis of subsidizing districts and chapters.

2. Sponsored numerous conferences and institutes to assist various sections of the membership.

MANITOBA

1. Reduced the work week to 40 hours.
2. Prepared standards and policies for schools of nursing that are presently under review by the legal advisor.
3. Prepared an instructor's guide of course outlines.

NEW BRUNSWICK

1. Proceeded with the study of the recently completed Russell Report.
2. Formed a special committee to take the first steps in inplementation of recommendations from the Report.

NEWFOUNDLAND

1. Prepared a recommended outline for the integration of civil defence training into the basic nursing program.

2. Formed a subcommittee to work on a study of the philosophy, aims and objectives of nursing in the province.

3. Formulated and approved recommended personnel policies.

NOVA SCOTIA

1. Approved the administration of intravenous therapy by nurses trained for the purpose but subject to the approval of responsible persons in institutions employing them.

2. Is to participate in the registration and placement of nursing assistants who have qualified under the recently enacted Nursing Assistants' Act.

ONTARIO

1. Retained public relations counsel to improve relationships and communications within the profession and with the general public.

2. Undertook a survey of basic nursing programs with a view to determining the type of program to be recommended.

3. Presented a brief concerned with the relationship of the R.N.A.O. to the Ontario Hospital Services Committee.

4. Formed a Male Nurses' Committee.

5. Studied ways and means of assisting certified nursing assistants to become organized.

PRINCE EDWARD ISLAND

1. Held two workshops on curriculum study based mainly on the preclinical program.

2. Analyzed results of a questionnaire related to facilities, personnel and nurs-

ing procedures as a means toward improvement of nursing care.

3. Undertook a study of the duties of a school of nursing advisor.

4. Recommended implementation of the Nursing Assistants' Act.

5. Recommended government regulations for nursing and convalescent homes.

QUEBEC

1. Is considering the possibility of introducing the National League for Nursing State Board Test Pool examinations.

2. Considered elimination of Part I examinations.

3. Appointed a committee to plan uniform records of student experience that would reduce "paper work" for the hospitals.

4. Carried out an extensive public relations program.

5. Issued cards of certification to nursing auxiliaries who have successfully completed provincial examinations.

SASKATCHEWAN

1. Began the work of certifying nursing assistants.

2. Organized the Saskatoon Regional Nursing Council.

3. Started a survey of basic nursing education.

Florence Nightingale's Tomb

Many months ago Gertrude (de Cou) Gale (M.G.H. 1913) launched a campaign. During a trip to England she had learned from the rector of St. Margaret's Church in East Wellow, Hampshire, that the tomb of the most famous nurse of all time, Florence Nightingale, was badly in need of repair. With the reconstruction of the tomb as her goal, Mrs. Gale, singlehandedly, started out to raise the necessary funds. She made personal appeals to interested well-wishers and wrote letters to many of the alumnae associations of Canadian schools of nursing. She secured the cooperation of Barclay's Trust to serve as the repository for donations. Eventually, the special fund amounted to nearly $500 and the work of restoration was undertaken. The accompanying photograph shows the result.

There was sufficient money left over to purchase new linens for the chancel of St. Margaret's Church. Other needs of this parish church where Miss Nightingale worshipped include the renovation of oil paintings and the installation of electric lights. It would seem peculiarly appropriate if nurses' contributions might be the means of improving the system of lighting in the church beloved by "the lady with the lamp."

The fund is still open. Donations may be sent to: Florence Nightingale Fund, in care of Mr. Paxton, Barclay's Trust Company of Canada, 214 St. James Street West, Montreal 1, Que. It should be noted that this Fund is entirely distinct from the Florence Nightingale Memorial Fund sponsored by our official nursing organizations.

FLORENCE NIGHTINGALE'S *tomb*

NURSING PROFILES

Helen Kathleen Mussallem has been appointed the director of the Pilot Project on Evaluation of Schools of Nursing currently being developed by the Canadian Nurses' Association. Miss Mussallem will commence her new duties in September 1957.

Born in Prince Rupert, B.C., Miss Mussallem is a graduate of the Vancouver General Hospital. She enrolled soon after graduation in the School of Nursing, University of Washington, Seattle, secured her diploma in teaching and supervision, specializing in operating room technique and returned to V.G.H. as an O.R. instructor. In 1943 she joined the R.C.A.M.C. and, until her discharge in 1946, served as sister-in-charge of operating rooms in the units to which she was posted both in Canada and overseas.

Miss Mussallem entered the McGill School for Graduate Nurses following her army service, earning her Bachelor of Nursing in 1947. She returned to the Vancouver General as senior instructor in nursing arts. Two years later she went to Teachers College, Columbia University, New York, where she secured her Master of Arts. Since that time she has been associate director of nursing education at her Alma Mater.

Interest in professional association activities has been a dominant feature in rounding out Miss Mussallem's background of experience for the important tasks she is soon to undertake. She has been honorary treasurer of the Registered Nurses' Association of British Columbia, vice-chairman of the CNA Educational Policy Committee and for the past biennium has been chairman of the very active Nursing Education Committee of the R.N.A.B.C.

Well prepared, intensely interested and, consistently, a hard worker, Miss Mussallem's new appointment will give her broad scope for her capabilities and experience.

(Kern of Artona)

HELEN MUSSALLEM

JOSEPHINE LE PAN

Elizabeth Josephine Le Pan is now an inspector of schools of nursing with the Ontario Department of Health.

A graduate in arts from the University of Toronto, Miss Le Pan joined the R.C.A.M.C. as a Home Sister in 1942. She served in this capacity in England, Sicily and Italy. Soon after her return to Canada, upon receiving her discharge from the service, she enrolled as a student in the school of nursing of the Toronto General Hospital.

Following graduation in 1949, Miss Le Pan joined the staff of the Toronto branch of the Victorian Order of Nurses. Her interest in hospital work led her to a staff position at Johns Hopkins Hospital, Baltimore. Two years later she became a clinical instructor at T.G.H. leaving that work

to become assistant superintendent of nurses at Women's College Hospital, Toronto.

ANNONCIADE MARTINEAU

Annonciade Martineau is chief nurse, directing the nursing service of the Department of Health in Montreal.

Public health nursing attracted Miss Martineau immediately following her graduation from Notre Dame Hospital, Montreal. After four years with the Brown Paper Company at La Tuque, she enrolled in the public health course at the University of Montreal. Several years later, she spent a year at Teachers College, Columbia University.

Joining the Montreal Department of Health as supervisor in the division of communicable disease control, Miss Martineau's work was interrupted from 1940 to 1942 by her assumption of the duties as interim director of the Ecole d'Infirmières Hygiénistes at the University of Montreal. She served as assistant director of nursing service for several years prior to her present appointment.

Miss Martineau has given loyally of her time and energies to many nursing organizations. She served as president of the Notre Dame Alumnae Association for two years, as chairman of the provincial Public Health Section for two terms, as vice-chairman of both the Public Health Section of the CNA and the Nursing Section of the Canadian Public Health Association and as president of the Association of Nurses of the Province of Quebec. When time has permitted she has been an active participant in a wide variety of sports.

PHYLLIS B. BURGESS

Phyllis Bernice Burgess is director of nursing at the Ontario Cancer Institute — a new 87-bed treatment and research centre operated in Toronto by the Ontario Cancer Treatment and Research Foundation.

Born and educated in Saskatchewan, Miss Burgess decided to secure her training at Toronto General Hospital. Following her graduation she embarked on general staff work in the Department of Radiotherapy, later becoming supervisor. She has been the representative of the Registered Nurses' Association of Ontario on the Board of Directors of Ontario Division of the Canadian Cancer Society since 1950. Miss Burgess plans to visit cancer treatment centres in the British Isles, Scandinavia and France in the near future.

Leisure time is spent mostly in enjoying the fun of housekeeping in a shared apartment. University extension courses and a nearby lending library provide mental fare.

Margaret Baxter, who is director of nursing at the Alberta Red Cross Crippled Children's Hospital, Calgary, has had some fascinating experiences for the past four months. At the request of the Canadian Red Cross Society she was released from her regular duties last January and flew to the Netherlands where she has assisted with the general nursing care of the Hungarian refugees.

Born in Edmonton, Miss Baxter graduated from University Hospital in that city.

(E. W. Cadman, Calgary)

MARGARET BAXTER

(Peggy Todd, Toronto)

HELEN MCLAREN

Shortly afterward, she joined the nursing service of the R.C.A.F. She was stationed in Newfoundland for five years during World War II. When she was released from the Air Force Miss Baxter took post-graduate work in teaching and supervision as applied to orthopedic nursing of children at Boston University. She engaged in this work in Regina for a time before assuming her position in Calgary in 1951. Miss Baxter has been president of the Soroptimist International of Calgary.

Helen B. McLaren is educational director in the school of nursing of her Alma Mater, Toronto General Hospital.

Following graduation, Miss McLaren joined the staff of T.G.H. as assistant head nurse. She completed a course in supervision in the University of Toronto School of Nursing then returned to the General as a head nurse. In 1948 she went to the St. Catharines General Hospital as clinical instructor, becoming assistant director of nursing there the following year. After a period of general staff nursing at Presbyterian Hospital, New York, she became a clinical instructor at T.G.H., moving into her present position in 1953. Miss McLaren was awarded the Mary Agnes Snively Scholarship by her alumnae association and completed the work for her B.Sc.N. last year.

Jean Vizard, who graduated from the Montreal General Hospital in 1920, has retired from the post of night supervisor at the Ottawa Civic Hospital which she has held since the hospital was opened in 1924. A native of Ottawa, Miss Vizard plans to enjoy the relaxation of answering her telephone in the daytime, of being free to do as she pleases in the evenings. Many farewell gifts and tributes were given to her by the nurses and administrators.

In Memoriam

Mary E. Ayerst, who graduated from The Toronto Western Hospital in 1924, died recently.

* * *

Mary Elizabeth Barry, who graduated from Victoria Public Hospital, Fredericton, N.B. in 1909, died there on March 10, 1957.

* * *

Antonia Bechmann, a graduate from Germany who was engaged in private nursing in Montreal was killed when struck by a motor vehicle on March 6, 1957.

* * *

Dorothy (Markley) Bowcock, who graduated from St. Paul's Hospital, Saskatoon, in 1934 died on January 21, 1957.

* * *

Cora M. Brooks, who graduated from

the General Hospital, Woodstock, Ont., in 1932, died in California in February, 1957. After obtaining her certificate in teaching and supervision from the University of Western Ontario, Miss Brooks became a member of the operating staff at Victoria Hospital, London, Ont. She served as a nursing sister during World War II, joining the staff of Owen Sound General and Marine Hospital following her discharge. She retired several years ago.

* * *

M. (Dunne) Callahan, who graduated from Medicine Hat General Hospital in 1912, has died.

* * *

Jessie (Fenton) Evans, who graduated from the General Hospital, Medicine Hat, Alta., in 1926 died on July 22, 1956.

* * *

Isabella Jane Hutchinson, a graduate of Victoria Hospital, London, Ont., died there on April 5, 1957 after a long illness.

* * *

Mary Margaret Kingston, an early graduate of Lady Stanley Institute, Ottawa, died at Regina on March 2, 1957 at the age of 85. After graduating, Miss Kingston engaged in private nursing for a time in Ottawa and London. At the turn of the century she went west to become surgical nurse at the hospital in Red Deer, Alta. Later she worked at Indian Head and Eston. She retired to live in Regina in 1935.

* * *

Alma F. Law, who graduated from the General Hospital, Saint John, N.B., in 1916, died at Oak Point, N.B. on April 3, 1957. After many years of service as supervisor and director of nursing Miss Law became the second executive secretary-registrar of the New Brunswick Association of Registered Nurses in 1941. She retired in 1954.

* * *

Antoinette (Reijse) Le Blanc, who graduated from Medicine Hat General Hospital in 1932, died during 1956.

* * *

Martha (Paterson) Lewens, who graduated from The Toronto Western Hospital in 1933, died recently.

* * *

Mary Louise (Viney) Maher, a Manitoban who trained in the United States died in Winnipeg on April 3, 1957. From 1950 to 1954 Mrs. Maher nursed in the infirmary at the Winnipeg General Hospital.

* * *

Mary Kathleen (McGoughey) Martineau, who graduated from The Montreal General Hospital in 1927 died at London, Ont., on February 23, 1957.

* * *

Charlotte Ross, who graduated from the General Hospital, Brockville, Ont., in 1915, died during 1956.

* * *

Robina (Morgan) Service, an early graduate from Brockville, Ont., died at Toronto on March 14, 1957 at the age of 85.

* * *

Anna Bell Shaffer, one of the first graduates of Brockville General Hospital, died suddenly at Kingston, Ont., on February 7, 1957 at the age of 83.

* * *

Fern (Evoy) Tindall-Lucas, who graduated from Vancouver General Hospital in 1947, died in Ethiopia in March 1957.

* * *

Kathleen Tuohy, an Australian nurse, who had recently been on the staff of the General Hospital, Sudbury, Ont., died in England in March 1957.

Doctor Marion Lindeburgh Memorial Scholarship

In memory of Doctor Marion Lindeburgh, the Alumnae Association of the School for Graduate Nurses of McGill University has established a scholarship of $500.

This scholarship is open to any graduate, registered nurse who wishes to study at the School for Graduate Nurses and who meets the entrance qualifications for McGill University.

Applications should be submitted immediately to:

The Chairman of the Selection Committee,
1266 Pine Avenue West,
Montreal, Quebec.

Many a prominent man learns that his remarks are more likely to be quoted if what he says is wrong.

Blessed is the leader who knows how to lead without being dictatorial; true leaders are humble. — *Independent Woman*

Les Réadmissions dans les Écoles d'Infirmières canadiennes-françaises

SOEUR RITA GAGNÉ, s.g.m. B.Sc.Ed. inf.

UN PROBLÈME est constaté dans la préparation à la profession d'infirmières: celui d'étudiantes, qui pour des raisons diverses, abandonnent leur cours avant l'obtention du diplôme. Or il arrive que ces mêmes étudiantes, après un laps de temps plus ou moins prolongé, décident de retourner à l'école d'infirmières. Ces réadmissions causent parfois des difficultés aux directrices. La situation est-elle générale ou réduite à un petit nombre? Les jeunes filles réadmisent finissent-elles leur cours? Donnent-elles satisfaction auprès des malades? Sont-elles une cause d'indiscipline dans l'école? Pour répondre à ces questions, les pages suivantes considéreront, au moyen de la carte d'admission à l'étude, la cause du départ de ces élèves et le sort de celles qui sont réadmises.

Procédé de recherches: Etude des cartes d'admission qui ont été retournées à l'Association après le départ de l'élève de l'école d'infirmières.

Nombre d'admissions: L'enquête a révélé qu'il y avait 10,312 admissions pour la période s'écoulant de 1947 à 1955. De ce nombre, 1606 ont quitté l'institution avant l'obtention du diplôme. Pour mieux comprendre les réadmissions, il faut étudier les causes des départs. Voici un tableau illustrant ces données.

TABLEAU I

Vue d'ensemble et pourcentage des causes de départs de 1947 à 1956.

Cause des départs		Nombre	Pourcentage
Echecs et manque d'aptitudes		470	29.3
Maladie		356	22.2
Echecs et maladies		18	1.1
Changement d'état de vie		176	11.0
Départ volontaire		166	10.3
Défaut de personnalité		121	7.6
Manque de sérieux	62		
Difficulté d'adaptation	24		
Caractères difficiles	17		
Manque de responsabilité	12		
Indécises, distraites	4		
Manque de personnalité	1		
Déséquilibre émotionnel	1		
Raisons familiales		96	6.0
Conduite		60	3.8
Indiscipline	57		
Infraction au secret professionnel	2		
Infidélité sérieuse aux avis reçus	1		
Raisons personnelles		35	2.1
Ennui	5		
Orientation différente		33	2.0
Orientation en R.X., musique, diététique	18		
Retour à l'enseignement	6		
Etudes classiques	4		
Cours de médecine	3		
Travail de bureau	2		
Raisons diverses		23	1.4
Ne connaît pas assez la langue	2		
Fausse identité	1		
Rappelées par la supérieure	7		
Départs pour les missions	3		
Ne s'est pas présentée aux examens après échecs	1		
N'ont pas commencé leur cours	2		
Non accepté par l'Université	1		
Pas de vocation	6		
Désir de changer d'école		15	0.9
Désir de changer d'école	14		
Doit changer de milieu	1		
Décès		11	0.7
Manque de ressources pécuniaires		8	0.5
Ordre moral		6	0.4
Aucune raison mentionnée		12	0.7
Total		1606	100.0

Nombre des réadmissions: L'étude des réadmissions est basée sur la cause des départs; elle s'étend donc de janvier 1947 à décembre 1955. Durant cet intervalle de neuf ans, il y eut 325 réadmissions ce qui représente 20.2% des départs. De ces élèves réadmises, 92 n'ayant pas terminé leurs études, d'autres départs sont encore possibles. Faisant donc abstraction de ces étu-

Extrait du travail de recherche fait à l'Institut Marguerite d'Youville.

diantes qui sont actuellement dans les écoles, on considérera quelle avait été la raison du départ de celles qui ont terminé leur cours ou qui l'ont de nouveau discontinué.

TABLEAU II

Nombre des réadmissions classifiées d'après les causes du départ de la première école.

Cause du départ	Nombre des départs	Réadmissions
Maladie	356	51
Indiscipline	60	32
Echecs & manque d'aptitudes	470	45
Raisons familiales	96	19
Changement d'état de vie	176	11
Départ volontaire	166	11
Désir de changer d'école	14	7
Manque de sérieux	62	7
Manque de responsabilité	12	5
Raisons personnelles	30	5
Caractère (défaut)	17	4
Ennui	5	3
Santé & insuccès	18	3
Manquement au secret professionnel	2	2
Inadaptation	24	2
Non accepté par l'Université	1	1
N'ont pas commencé leur cours	2	1
Rappelées par la supérieure	7	1
Doit changer de milieu	1	1
Aucune cause mentionnée	12	12
Autres causes	75	
Non identifiées		10
Etudiantes		92
Total	1606	325

Résultat des réadmissions: Il y a très peu de différence entre le nombre des élèves qui ont terminé leurs études et celles qui ont dû quitter une 2e fois: 105 ont gradué et 118 sont reparties de nouveau.

TABLEAU III

Etudiantes réadmises qui ont terminé leurs études et celles qui ont dû quitter une deuxième fois, classifiées d'après la cause du premier départ.

Cause du premier départ	Etudiantes réadmises qui ont terminé leurs études	Etudiantes réadmises qui n'ont pas terminé leurs études
Maladie	26	25
Indiscipline	15	17
Echecs & manque d'aptitudes	17	28
Raisons familiales	9	10
Départ volontaire	4	7
Changement d'état de vie	7	4
Légèreté	3	4
Raisons personnelles	3	2
Caractère instable	2	2
Manque de responsabilité	2	3
Ennui	1	2
Santé & insuccès	1	2
Aucune mention écrite	6	6
Désir de changer d'école	7	—
Rappelée par sa supérieure	1	—
N'a pas commencé le cours	1	—
Doit changer de milieu		1
Inadaptation		2
Manquement au secret professionnel		2
Non acceptée par l'Université		1
Total	105	118

De ce nombre, 67 sont reparties pour la même raison que la première fois et quarante-cinq pour un motif différent.

TABLEAU IV

Cause du nouveau départ des étudiantes réadmises qui ont quitté l'école avant de terminer leurs études en comparaison avec la cause du premier départ.

Cause du premier départ	Nombre	Cause du deuxième départ	Nombre
Echecs & manque d'aptitudes	28	Pour la même cause	19
		Mariage	2
		Moralité douteuse	2
		Excès de boissons alcooliques	2
		Indiscipline	1
		Santé	1
		Echecs en 2 reprises, refuse de se présenter à nouveau	1
Echecs & santé	2	Pour la même cause	2
Santé	25	Pour la même cause	18
		Mariage	4
		Indiscipline	1
		Caractère difficile	1
		Manque de qualification	1
Indiscipline	17	Pour la même cause	11
		Changement d'état de vie	2
		Raisons personnelles	1
		Echecs	1
		Inadaptation	1
		Manque d'aptitudes	1
Raisons familiales	10	Pour la même cause	5
		Indiscipline	1

Cause du premier départ	Nombre	Cause du deuxième départ	Nombre
		Santé	1
		Mariage	1
		Manque d'aptitudes	1
		N'est pas revenue	1
Départ volontaire	7	Mariage	5
		Manque d'aptitudes	1
		Echecs	1
Changement d'état de vie	4	Indiscipline	1
		Echecs	1
		Inadaptation	1
		Orientation différente	1
Légèreté	4	Pour la même cause	2
		Départ volontaire	1
		Non admise	1
Manque de responsabilité	3	Pour la même cause	3
Manque au secret professionnel	2	Pour la même cause	2
Caractère	2	Pour la même cause	1
		Indiscipline	1
Inadaptation	2	Pour la même cause	1
		Mariage	1
Raisons personnelles	2	Pour la même cause	2
Ennui	2	Pour la même cause	1
		Santé	1
Doit changer de milieu, ce changement s'impose pour ne pas que l'élève développe un complexe d'infériorité	1	Manque de personnalité	1
Non acceptée par l'Université	1	Indiscipline	1
Aucune cause mentionnée	6		
		Total	118

Les statistiques précédentes semblent justifier les réadmissions puisque 105 des élèves réadmises ont obtenu leur licence d'infirmière. Toutefois, il faut considérer que, pour 60 d'entre elles, il n'y avait pas de sérieux problèmes, car le motif du départ était un facteur familial ou personnel, indépendant de la profession.

Par contre 118 jeunes filles ont eu la douloureuse expérience d'une seconde sortie de l'école. Y aurait-il moyen de diminuer ce chiffre trop élevé par une connaissance plus approfondie des causes du premier départ avant de réadmettre une étudiante? Une meilleure sélection des sujets avant l'admission serait peut-être un moyen d'éviter des départs regrettables. Il est toujours pénible, après quelque temps, de s'orienter ailleurs.

Résumé

What should be done about the student nurses who, having left the school of nursing for one reason or another, wish to return? Their readmission sometimes presents quite a problem to the director of nursing. This study was made to learn if such requests for readmission were many or few. Do the students finish their courses, giving satisfactory care to their patients? Are they a disciplinary problem?

Of 10,132 students admitted to French schools of nursing in Quebec during 1947-55, 1606 left before completing the training. Table I shows the wide variety of causes. There were 325 requests for readmission of whom 92 left the school again almost immediately. Table II indicates the number under each classification of those who sought to return.

Only 105 of the 223 students who reentered training actually graduated. Table III reveals the reasons why the 118 young women left the school for the second time.

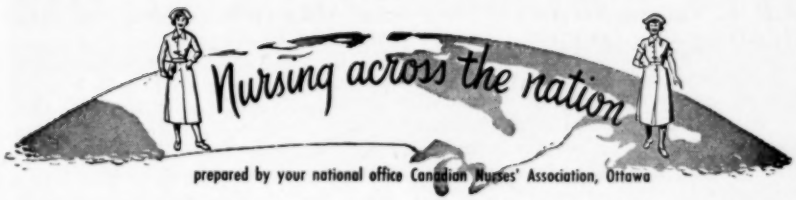
Beware of a Fraudulent Operator

A man, using a variety of aliases, is known to have been in contact with nurses in Nova Scotia and Montreal since the beginning of this year. He has represented himself as being associated with *The Canadian Nurse* or, alternatively, as a friend of Margaret Kerr who is supposed to have endorsed an encyclopedia he is soliciting orders for.

Nurses are warned that this fraudulent operator has no connection with the Journal nor its personnel. It is recommended that his solicitations be reported to the Better Business Bureau or to the police.

* * *

In 1955 the estimated population of Newfoundland was 412,000. For all forms of tuberculosis there were 82 deaths — 23 less than the previous year — giving a rate of 19.9 per 100,000 population as compared to 26.4 for 1954.



Good Nursing Service Brings Splendid Bequest

May 9, 1957 marks the opening of the new V.O.N. house. For the first time in its 60 years of service, the Victorian Order of Nurses for Canada will have a home of its own. Donated by the late Mr. Russell Blackburn, an Ottawa bank director and business man, the house is situated at 5 Blackburn Avenue, Ottawa.

This donation was inspired by the calibre of nursing service given Mr. Blackburn during his last illness by the V.O.N. nurses. It is, in reality, a tribute to the nurses who are ever available to render expert nursing service to the patient in his own home.

His Excellency, the Governor General will officiate at the opening ceremonies which will take place on the last day of the Annual Meeting of the Board of Governors of the Victorian Order of Nurses.

The V.O.N. National staff assures us that everyone is most welcome to visit the national headquarters whenever they are in Ottawa. The best wishes of all Canadian nurses are extended to the V.O.N. on this memorable occasion.

The Fund Increases

It is with great appreciation that we announce a donation to the fund for the Pilot Project for Evaluation of Schools of Nursing, given by one of our CNA members. Our contributor states

> The pilot project is indeed a manifestation of our profession's concern for its growth and professional responsibility for the health needs of our country. The enclosed contribution is intended to convey, to a small degree, my sincere congratulations to the association for its decision to conduct this study and to wish it success in its endeavor.

The interest and support manifested by these comments and the contribution are most gratefully acknowledged by the CNA.

Institute on Staffing, Male Nurse Participates

Staffing needs for nursing services, particularly the hospital nursing service, is a problem which requires intensive study and creative thinking by all concerned if we are to provide the quality and quantity of nursing care demanded or needed by the Canadian people.

The Canadian Nurses' Association Nursing Service Secretary attended an institute on "Staffing Departments of Nursing" conducted by the American Hospital Association in cooperation with the Department of Hospital Nursing of the National League for Nursing. The institute was held in Chicago, March 25-27, 1957. About 150 persons attended. These were, for the most part, directors of hospital nursing service with a few hospital administrators. It was a three day institute with morning, afternoon and evening sessions consisting of lectures, panel discussions and group work. We shall be reporting some of the discussions in a later issue.

Incidentally, one director of nursing of a 200-bed hospital was a male nurse, a graduate of Bellevue Hospital, New York, with postgraduate study at New York University School of Nursing and Teachers College, Columbia. He told us that he had completed his obstetrical training with the other nurses in his class and that part of his field work during their postgraduate training had been with the Visiting Nursing Service of New York. He stated that he had thoroughly enjoyed all of his training and that in his present position he had extremely good rapport with nurses and other departmental personnel.

A.H.A. Nursing Service Administration Institute

June 17-21, 1957, the Chateau Laurier Hotel, Ottawa, will be the scene of the American Hospital Association Institute on Nursing Service Administration. The program is being planned primarily for directors of nursing and hospital administrators who are interested in nursing service. Speakers will include several well-known persons from Ontario and Quebec as well as consultants from the United States.

In-Service Education for Nursing Service Administration

Nurses in positions of nursing service administration have long expressed a need for assistance in administrative practices and procedures.

The Canadian Hospital Association has, for several years, conducted a correspondence course for hospital administrators which has proved quite successful. The question was raised whether a similar course might be offered for nurses in nursing service administration.

As reported in the April issue, National Office sent a questionnaire to the directors of nursing service of 800 hospitals asking their opinion concerning the need for and value of such a course. Approximately 200 (25%) were returned. The majority indicated that there was a great need. While many thought a correspondence course would be satisfactory, some questioned the value of such courses and others doubted that nurses would be able to undertake the heavy reading and writing assignments required. Others doubted the possibility of relieving the nurses for the four-week summer session held at an educational centre.

There appears to be confusion regarding the purpose of such a course. It would be an in-service educational program designed to help those already holding such positions to become more proficient in their work. It would not, in any way, take the place of post-basic university courses designed to prepare nurses for advanced positions.

It has been suggested that an institute type of course might be considered that would require preparation and follow-up for which a work manual would be prepared.

The CNA Executive, at its February meeting, approved such a course in principle and has instructed National Office to explore this further with the Canadian Hospital Association. It is expected that the executive staff of the Canadian Hospital Association and National Office staff will be meeting for discussion and preliminary planning.

History Making, Past and Present

Canada's most recent province brought with it a colonial history older than that of its parent dominion. A visit to St. John's makes one realize, though, that Newfoundland is not sitting back and enjoying the prestige of its tradition but intends to have a hand in making to-morrow's history. History in nursing is being made in every province, with Newfoundland nurses being well to the fore. Although there are only three schools of nursing, all located in St. John's, each in its own way is refusing to accept the *status quo* and is striving to discover new ways to improve preparation for service to the people. Two, within the last two years, have made radical changes in their educational programs and instituted the third-year "internship" plan. The third school continues in the traditional pattern but, having sprung from an essentially educational institution, maintains and continuously improves the educational status of its students. The largest school, which is maintained by the provincial department of health, offers one of the few programs of nursing education in Canada, outside of university schools of nursing, where the student for two years is *completely* free of the demands of nursing service.

Your nursing education secretary, in the course of a field visit to Newfoundland for the purpose of acting as a consultant for an institute on Nursing Education, was given the opportunity of visiting one of the famous "cottage hospitals." Working under excellent conditions, the doctor and nurses are truly a part of the community. For today's nurses who see

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1. Alexander, Edythe L.: Mod. Hosp., May, 1957

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their profession as one whose role extends beyond the hospital walls, and who prefer to nurse a member of the community rather than a bed number in the ward, many opportunities are waiting.

The Ways of Mankind

In a previous issue of *The Canadian Nurse*, mention was made of a series of long-playing records entitled "The Ways of Mankind." These constitute recordings of 13 radio dramas written by Canadian radio writers on the people of the world and how they live. They are now available in book form edited by Walter Goldschmidt, the well-known anthropologist. Schools of nursing seeking additions to the library of sociology references may find this book of interest.

Ways of Mankind by Lister Sinclair, Len Peterson, Eugene Hallman and George Salverson. Edited by Walter Goldschmidt, Beacon Press, 1954, $3.75.

Le Nursing à travers le pays

Don généreux — récompense des bons services prodigués par les infirmières du V.O.N.

Le 9 mai 1957, le V.O.N. ouvrira les portes de sa nouvelle demeure. Pour la première fois depuis 60 ans d'existence, le Victorian Order of Nurses for Canada sera propriétaire. La maison a été donnée par feu M. Russell Blackburn, directeur d'une banque d'Ottawa et homme d'affaires; la maison est située à 5, avenue Blackburn, Ottawa.

Les bons soins qu'a reçus M. Blackburn des infirmières du V.O.N. durant sa dernière maladie lui ont inspiré l'idée de ce legs. L'on peut donc dire que c'est là un tribut de reconnaissance envers les infirmières qui sont toujours disponibles pour aller donner aux malades à domicile des soins expérimentés.

Son Excellence le Gouverneur Général présidera la cérémonie de l'ouverture de cette demeure qui aura lieu la dernière journée de l'assemblée annuelle du Bureau de Direction du V.O.N.

Le personnel du bureau national du V.O.N. recevra avec plaisir les personnes qui désireront visiter leurs quartiers généraux à Ottawa. L'Association des Infirmières Canadiennes offre au V.O.N., à l'occasion de cet événement mémorable, ses voeux les plus sincères.

Le Fonds s'accroit

C'est avec gratitude et satisfaction que nous annonçons un don fait par un membre de l'A.I.C. en faveur du "projet-essai" d'évaluation des écoles d'infirmières; voici l'opinion exprimée par ce membre:

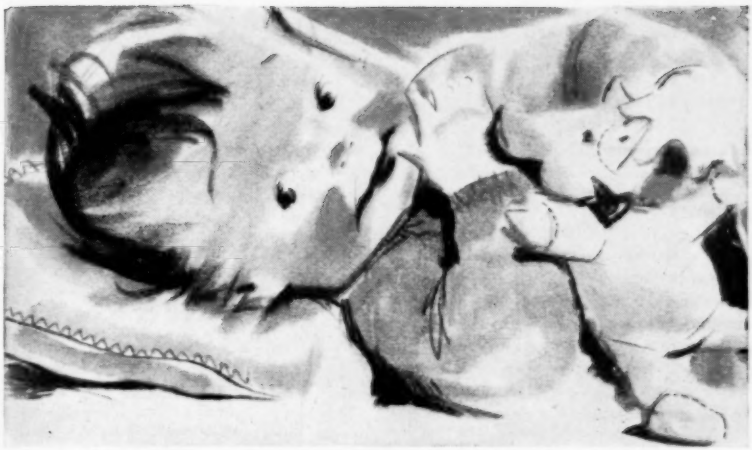
Le projet-essai d'évaluation des écoles d'infirmières démontre réellement l'intérêt de notre association envers la profession d'infirmière et son désir qu'elle soit à la hauteur des responsabilités qui lui incombent au point de vue professionnel pour pouvoir répondre aux besoins sanitaires de notre pays. Par la modeste somme ci-jointe, je désire témoigner à l'A.I.C. mon appréciation de la décision prise en faveur d'un tel projet dont je souhaite toute la réalisation.

Journée d'étude sur le personnel — participation des "Male Nurses"

Le personnel requis pour les services infirmiers est un problème qui nécessite une étude intensive et l'expression d'idées constructives de la part de toutes les personnes intéressées, si nous voulons répondre aux besoins tant quantitatifs que qualitatifs du peuple canadien.

L'Association des Infirmières Canadiennes fut représentée par Mlle Campion aux journées d'études tenues à Chicago du 25 au 27 mars 1957, sous les auspices de l' "American Hospital Association" et le "Department of Hospital Nursing of the National League for Nursing." Environ 150 personnes y participèrent, pour la plupart des directrices de service du nursing et quelques administrateurs d'hôpitaux. Durant ces trois jours il y eut trois séances quotidiennes, conférences, groupes de discussion et de travail. Nous vous reparlerons de ces journées d'étude plus tard.

Incidemment le directeur du service du nursing d'un hôpital de 200 lits était un "male nurse" infirmier diplômé de l'Hôpital Bellevue de New York ayant suivi un cours post-scolaire à l'école supérieure d'infirmières de l'Université de New York et de Teacher's



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College, Columbia. Il a dit qu'il avait fait son stage en obstétrique avec les autres infirmières de la classe et qu'il avait suivi les cours et fait les stages de son cours post-scolaire au "Visiting Nursing Service de New York." Il a beaucoup aimé ses études, et il a ajouté que dans la fonction qu'il occupe présentement l'entente avec les infirmières et le personnel est excellente.

L'Education en cours d'emploi dans l'administration du service du Nursing.

Les infirmières assignées à des postes administratifs ont depuis longtemps exprimé le désir de continuer à se documenter dans les procédés d'administration.

L'Association des Hôpitaux canadiens a, depuis quelques années déjà, dirigé avec succès un cours par correspondance sur l'administration hospitalière. L'on s'est demandé si un cours semblable sur l'administration du service du nursing ne pourrait pas être institué.

Tel que nous le rapportions en avril dernier, l'Association des Infirmières Canadiennes a envoyé un questionnaire à environ 800 directrices de service du nursing, leur demandant leur opinion sur l'opportunité d'un tel cours. Environ 200 (25%) ont répondu, la majorité exprimant l'avis qu'un tel cours répondrait à un grand besoin. Plusieurs se prononcèrent en faveur d'un cours de ce genre tandis que d'autres mirent en doute sa valeur; certaines se demandent si les infirmières pourraient entreprendre des études semblables, comportant beaucoup de devoirs écrits; d'autres se sont demandé s'il serait possible de libérer les infirmières pour les quatre semaines d'études tenues chaque été à un centre d'enseignement. Il semble y avoir de la confusion sur les buts d'un tel cours. Les études proposées en cours d'emploi, sont offertes aux personnes déjà occupées à diriger un service de nursing, dans le but de leur aider à rendre leur travail plus efficace. Ce cours ne peut en aucune façon remplacer les cours universitaires offerts aux infirmières qui se destinent à des positions clefs.

Il a été suggéré d'étudier la question de cours donnés sous forme d'institut ou journées d'études, ce qui nécessiterait d'abord une préparation puis une surveillance subséquente pour laquelle un manuel pourrait être préparé.

Le Comité Exécutif de l'A.I.C. lors de sa réunion de février, a approuvé en principe un tel cours et a demandé aux membres du Secrétariat National de présenter ce projet à l'Association des Hôpitaux canadiens. Nous nous attendons à ce que ces deux organismes se réunissent pour délibérer sur cette question.

Conférence sur l'Administration du Service du Nursing (A.H.A.)

Du 17 au 21 juin 1957 se tiendra au Château Laurier à Ottawa une conférence sur l'administration du Service du Nursing par l'"American Hospital Association." Le programme a été préparé à l'intention des directrices de service du nursing et les administrateurs d'hôpitaux intéressés au nursing.

Parmi les conférenciers il y aura des infirmières bien connues de l'Ontario et du Québec ainsi que des consultants des Etats-Unis.

Histoire — passé et présent

La plus jeune province du Canada a une histoire coloniale plus ancienne que celle de ses parents adoptifs. Une visite à St. John's, prouve aux visiteurs que Terreneuve ne se repose pas sur le prestige de l'histoire de son passé et de ses traditions mais se propose bien de jouer un rôle dans l'histoire de demain. L'histoire du nursing s'écrit dans chacune des provinces du Canada et les infirmières de Terreneuve y tracent leur page. Bien qu'il n'existe que trois écoles d'infirmières, toutes à St. John's, chacune, à sa manière, refuse d'accepter le *statu quo* et cherche les moyens d'améliorer le service donné à la population. Déjà depuis deux ans de grands changements sont survenus dans deux de ces écoles. Le cours qui était de deux ans a été porté à trois ans dont une année d'internat. La troisième école continue de suivre son programme traditionnel tout en améliorant le statut de ses étudiantes. La plus grande école, maintenue par le Ministère de la Santé possède un des rares programmes suivis, en dehors des cours donnés par les universités, les élèves, durant une période de deux ans, n'ayant pas à assurer le service de l'hôpital.

Au cours d'un voyage à Terreneuve, la secrétaire du comité national de l'éducation, appelée comme consultante lors de journées d'études sur l'éducation en nursing a eu l'occasion de visiter les "chalets-hôpitaux" dispersés sur toute l'île. Le travail s'y fait dans d'excellentes conditions; le médecin et l'infirmière font réellement partie de la communauté et s'associent à tous les événements du hameau. Aux infirmières de nos jours qui

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voient le rôle de leur profession s'étendre au-delà des murs de l'hôpital, elles trouveraient là un genre de travail répondant à leurs aspirations.

"The Ways of Mankind"

Dans un numéro de l'Infirmière Canadienne paru il y a quelque temps, il fut question d'un disque intitulé "The Ways of Mankind"; comprenant l'enregistrement de drames radiophoniques écrits par des éc vains de la radio sur la manière de vivre divers peuples à travers le monde. On pe aussi se procurer ces ouvrages publiés brochures par Walter Goldschmidt, anthr pologiste célèbre. Ce volume a une pla tout indiquée dans la bibliothèque des éc les d'infirmières. L'on peut se le procur à Beacon Press, au prix de $3.75 l'unité.

Sélection

La Défense Civile et le Cours d'Infirmière

A l'époque où nous vivons, maints problèmes se posent à l'étudiante infirmière et le Nursing moderne présente certains aspects tout à fait particuliers. Nous discuterons brièvement de la Défense civile et de son importance dans le cours d'infirmières.

La Défense civile a été définie comme étant: la protection du foyer par les civils eux-mêmes sous la direction d'une autorité non militaire; cette protection aurait pour but de diminuer les désastres et les dommages de la guerre et d'assurer aux forces combattantes l'appui maximum des civils. La Défense civile ne sert pas uniquement en temps de guerre mais elle peut être également fort utile en temps de paix à l'occasion d'une conflagration, d'une inondation ou de quelqu'autre désastre.

On représente toujours l'infirmière comme une messagère de calme, de sourire et surtout de bons soins pour celui qui souffre. Le travail quotidien de l'hôpital facilite cette noble tâche, mais combien plus difficile deviendrait notre mission si une très grande partie de la population était .. jour attaquée, déprimée et aux prises ec une difficulté collective? Sans doute, nc re travail de plus ardu deviendrait plus méritoire encore.

Le thème que nous ébauchons aujourd'hui nécessiterait plusieurs pages pour le mieux développer mais pour répondre aux cadres exigés présentement, nous devrons nous contenter des grandes lignes de l'aspect Défense civile dans le cours d'infirmière.

En ce qui concerne le plan de la matière, le Programme d'études de l'Association des Infirmières de la Province de Québec indique déjà fort bien les points saillants du cours de Défense civile comprenant de trois à cinq heures ainsi que ceux des neuf à dix heures du cours de secourisme.

Quant au moment de cet enseignement, chaque Ecole le détermine selon son organisation; par exemple, dans l'une on choisi la période des bandages pour parler de s courisme; dans l'autre, on intégrera en ch rurgie les brûlures par radiation et le traitement; en pharmacologie, les médic ments spécifiques dans ces cas et l'on cons crera un chapitre de physico-chimie à l'étu de la radio-activité; enfin, dans d'autr milieux, la Défense civile fera l'objet d'u rubrique spéciale. Au fond, à mon humb avis, le moment de cet enseignement impor peu; ce qui compte par-dessus tout c'est q nos infirmières prennent conscience de nécessité de se renseigner dans ce domain Serions-nous toutes prêtes à soigner bea coup plus de malades sans pour cela dispos d'un personnel préparé plus nombreu Serions-nous prêtes à assumer de nouveau problèmes administratifs, à subir le stre causé par des problèmes d'alimentation, vêtement, de diminution dans l'appo matériel de chirurgie? Saurions-nou milieu d'une angoisse massive, soutenir moral et celui de nos semblables en g toute notre confiance en la Providence en nous préparant que nous serons en de répondre aux exigences de notre profession, pour le plus grand bien de la socié si un jour cette dernière exige de nous p qu'à l'ordinaire.

Considérant que les autorités doivent ê les premières renseignées, le Collège Ca dien de la Défense Civile à Arnprior, O tario, donne des cours aux directrices aux institutrices d'Ecoles d'infirmièr Ajoutons que la formation d'un comité la Défense civile dans chaque hôpital se à souhaiter, afin de se préparer à toute év tualité, i.e., évacuation des malades, établ sement d'une zone non contaminée par radio-activité, etc.

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Le voeu qu'il me reste à formuler est bien que cette précaution ne nous serve jamais en ce qui concerne la guerre atomique, et que la science s'applique de plus en plus à ne trouver à l'atome que des applications pacifiques, afin de collaborer avec Celui qui est venu sur la terre pour apporter la paix aux hommes de bonne volonté.

JULIENNE PROVOST, B. Sc.
Hôpital Maisonneuve, Montréal.

Civil Defence Teaching Goes On

FORTY-FOUR NURSES, representing 16 centres, assembled at the Provincial Civil Defence School at Valley Centre, Fort Qu'Appelle, Saskatchewan, for the second instructors' course for nurses last October. The program for this Institute on "The Nurses' Role in Civil Disaster" was filled with speakers and demonstrators who were both enthusiastic and well qualified.

Mr. J. S. White, Deputy Minister of Social Welfare and Rehabilitation officially opened the Institute. Mr. E. L. Breese, Director of Civil Defence Training for Saskatchewan presented information on "Registration and Administration" and "Canada's Civil Defence Organization" (including development and policy, and Saskatchewan's role). Miss Lola Wilson outlined the purposes and scope of the course. A brief review of the program notes the following:

Introduction to Welfare Services Health Services Organization — Mr. C. P. Johnston, Director Civil Defence Health and Welfare Services.

Classification of Fire and Fire Hazards — Mr. M. D. Gothercole, Chief Civil Defence Fire Instructor.

The Atomic Bomb — Mr. R. N. Pletch, Principal, Qu'Appelle High School.

Radiation Monitoring — Mr. L. D. Keith, Principal, Balcarres High School.

Improvised Equipment for Use in Home Nursing — Miss Olive Brown, Senior Public Health Nurse, Regina Rural Health Region.

Legal Aspects of Civil Defence — Mr. L. L. Grant, Solicitor, Dept. of Social Welfare.

Preventive Health Services in Disaster — Dr. I. Gogan, Director, Division of Hospital Administration and Standards, Provincial Dept. of Public Health.

Traumatic Injuries in Mass Disaster — Dr. A. C. Taylor, Surgeon, Regina.

Nursing Care of Thermal and Traumatic Injuries, The Role of the Nurses in Community Planning and the Problems of Nursing in Mass Disaster — Mrs. June Orr, Educational Director, Regina General Hospital.

Psychological and Psychiatric Phenomena in Catastrophe — Dr. Keith Yonge, Asst. Professor of Psychiatry, University of Saskatchewan.

Nursing Care in Psychiatric Casualties — Miss Lillian Arnott, Nursing Supervisor, Psychiatric Department, University of Saskatchewan Hospital.

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1. Grayzel, H. G., Heimer, C. B., and Grayzel, R. W.: New York St. J. Med. 53:2233, 1953. 2. Heimer, C. B., Grayzel, H. G., and Kramer, B.: Archives of Pediatrics 68:382, 1951. 3. Behrman, H. T., Combes, F. C., Bobroff, A., and Leviticus, R.: Ind. Med. & Surgery 18:512, 1949. 4. Sobel, A. E.: Scientific Exhibit, A.M.A. Meet. 1955. 5. Marks, M. M.: Missouri Med. 52:187, 1955.

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Prevention: Treatment and Prognosis; Cross-Stress — Dr. T. E. Hunt, Director of Physical Medicine, University of Saskatchewan Hospital.

Nursing Care in Radiation Sickness — Miss Lola Wilson, Executive-Secretary, Saskatchewan Registered Nurses' Association.

A symposium was presented on "How does Nursing Fit into the Planning and Programs for Mass Disaster" for:

Public Health Nursing — Miss Mary Earnshaw, Regina.

Hospital Nursing, including the Private Duty Nurse — Miss Kathleen Ruane, Saskatoon.

Schools of Nursing — Miss Hazel Keeler, Saskatoon.

Other Professional and Auxiliary Personnel — Miss Lola Wilson, Regina.

Lines of Communication — Mr. C. P. Johnston, Regina.

Moderator for the symposium was Miss Hazel Keeler, Professor of Nursing, University of Saskatchewan.

The radio amateur demonstration produced by Dr. T. E. Hunt, Saskatoon, and Mr. Harvey Andreas, Regina; the casualty simulation and first aid demonstration under the direction of Col. P. C. Jardine, Executive Superintendent, St. John Ambulance Association assisted by Miss Lucy Willis, Asst. Professor of Nursing, University of Saskatchewan, and a team of nurses who produced a skit together with members of the Regina Branch, St. John Ambulance Association; and the banquet for which Mr. J. S. White, Deputy Minister of Social Welfare and Rehabilitation was guest speaker, all added to the success of the Institute. Group discussion, a summary and evaluation of the Institute, and films all had their own place in what has been adjudged a highly successful event.

The presentation of certificates by Mr. C. P. Johnston and Mr. E. L. Breese, and the surprise visit of Mr. J. D. Drobe, Civil Defence Coordinator were highlights of the Institute which will long be remembered by all who were present.

When all 1956 births have been registered, an all-time record total of 450,500 will have been established for the provinces and territories. The final total of marriages is estimated at close to 132,000 — the second highest total on record — exceeded only by the record 137,155 registered in 1946. The final total of deaths is estimated at 132,700 — the highest figure on record.

— *Dominion Bureau of Statistics*

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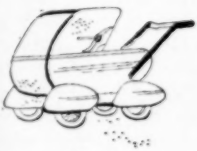

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Deeper into the Heart

The heart surgeon's goal — to operate under direct vision inside the chambers of a heart drained free of blood — has been coming closer in the past two or three years. Two recent refinements offer promise of bringing the goal even closer. One is a tool, an expensive heart-lung substitute constructed mostly out of plastic hose. The other is a procedure, a method of stopping the heart completely while a machine takes over its function.

In some types of cardiac surgery a "dry field" is not necessary. Repairs can be successfully carried out while the heart beats and the blood makes its usual rounds to the lungs and the rest of the body. But in certain conditions — for example, in order to close a hole in the muscular wall separating the right and left ventricles — the surgeon needs to open the heart and work under direct vision. He can work more easily and quickly in a heart from which the blood has been detoured — and more easily and quickly still in a heart that is not only dry but standing still. Naturally in both cases, a heart or heart-lung substitute is needed to keep the blood circulating to the brain and other vital organs.

The special advantage of the new oxygenator over earlier heart-lung machines is its low cost: $15. It was developed by Drs. Richard A. DeWall and Raymond C. Read at the University of Minnesota. Made entirely out of different sizes of commercially available plastic hose, the DeWall-Read oxygenator is cheap enough to discard after use. It can also be sterilized for re-use if desired. Within the tubes of the oxygenator, blood led from a patient's vein mixes with oxygen and gives up the carbon dioxide wastes of bodily processes. A standard pump (which never touches the blood) keeps the blood moving into the oxygenator and back into the patient.

"Controlled cardiac arrest" is what physicians call the deliberate stopping of the heart which now has been successfully employed in about a score of human patients. With this procedure, once a heart-lung device has taken over the job of maintaining the circulation to the rest of the body, the heart is allowed to beat long enough to empty itself and then a drug is injected which brings it to a standstill. After the surgeon has finished his work, the heart beat is started again by one of several methods. These include allowing blood to flow through its chambers and wash out the heart-stopping drug, injecting another drug which acts as an antidode to the first, massaging the heart muscle and applying an electric shock to its surface.

— The American Heart Association

Aspects of Aging

There are several highly important aspects of aging on which little work has been done. Among these is a decline in postural control, which can result in falls, with serious consequences. Old people fall in one of four ways: in an attack of vertigo, by tripping, by adopting certain positions, or by their legs giving way. They fall because too much strain is put on their balancing mechanism. Curiously, the strain on their balancing mechanism that affects them most is working with their heads thrown back.

Old people themselves always say the same thing about falling by tripping or by losing their balance: that once they start to go, they know they can do nothing about it. This is surely a problem for physiology.

The most interesting group of falls is that in which an old person says his legs give way. These sudden falls are quite different from tripping. Old people who fall this way cannot be simply picked up and put in a chair, for they are completely powerless . . . This is a subject worth studying.

A difficulty similar to that involved in tripping and losing of balance is encountered by an old person trying to cross the street. There is a slowing up in the "timing mechanism."

One of the most characteristic of old-age physical phenomena is difficulty in the dark . . . This kind of difficulty seems to be due to the increasing dominance of the eyes in old age and the increasing decline in importance of proprioceptive sensation.

— Abstracts from *The American Journal of Nursing* of an address given by Dr. Joseph Sheldon on "Problems of Geriatric Care."

* * *

Many of the best decisions are arrived at by people while they are taking long walks. We do very little walking these days, and that may account for many of our unwise decisions.

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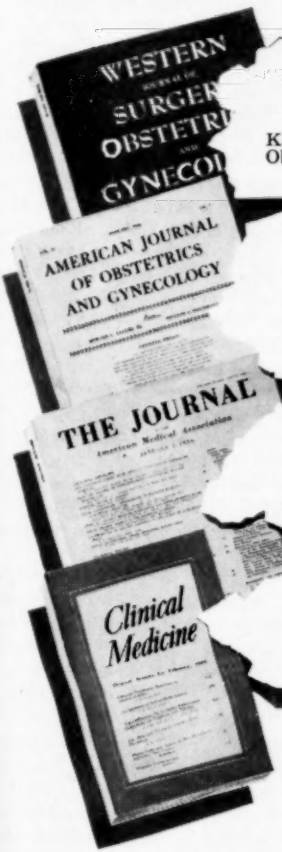

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Karnaky, K. J.: Western Journal of Surgery, Obstetrics and Gynecology, Vol. 51, pp. 150-152.

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Thornton, M. J.: American Journal of Obstetrics and Gynecology, Vol. 46, pp. 259-265.

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Dickinson, R. L.: The Journal of the American Medical Association, Vol. 128, pp. 490-494.

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Sackren, H. S.: Clinical Medicine, Vol. 46, pp. 327-329.

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Victorian Order of Nurses

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Appointments — Burlington: *Anita Melvanin* (St. Michael's Hosp., Toronto). Burnaby: Mrs. *Mary MacIntosh* (Misericordia Hosp., Winnipeg). Calgary: *Treva Tingley* (Victoria Gen. Hosp., Halifax). Chatham: Mrs. *Marguerite Grant* (St. Jos. Hosp., Chatham). Corner Brook: *Mary Burton* (Children's Hosp., Halifax). Edmonton: Mrs. *Jean Howe* (Univ. of Alta. Hosp.). Galt: *Veda Lane* (Brantford Gen. Hosp.). Halifax: *Jean Codere* and *Mary Spilak* (St. Michael's Hosp., Lethbridge). Hamilton: *Mary Joan Bates* and *Jane Fisher* (McMaster Univ.), *Frances Lee* (Hamilton Gen. Hosp.), *Mary Schaffter* (Gen. Hosp., Birkenhead, Eng.). Lachine: *Patricia Shaw* (Montreal Gen. Hosp.), *Monique Gregoire* (St. Luke's Hosp., Que.). Lincoln-St. Catharines: *Marianne Penner* (Mack Training School), Mrs. *Luella Springham* (Hackley Hosp., Mich.). London: *Roberta Scanlon* (Victoria Hosp., London). Medicine Hat: *Elizabeth Taylor* (Calgary Gen. Hosp.). Montreal: *Dorothy Butler* (Mary Fletcher Hosp., Vermont), *Margaret Collin* (St. Elizabeth's Hosp.), *Genevieve Donovan* (Hotel Dieu, Kingston), *Elaine Dorken* (M.G.H.), *Joy Eccles* (Staffordshire Infirmary, Eng.), *Lena McNeely* (Ottawa Civic Hosp.), Sylvia Evans (St. Mary's Hosp., Montreal), *Jean Grant* (Charlottetown Hosp.). Moose Jaw: Mrs. *Beatrice Arnott* (Winnipeg Gen. Hosp.). Ottawa: *Shirley Cameron* (Univ. of Ottawa). Owen Sound: *Kathleen Eby* (Kitchener-Waterloo Hosp.). Peterborough: Mrs. *Anne Campbell* (Royal Infirmary, Edinburgh, Scotland). Saint John: Mrs. *Elizabeth Cameron* (Saint John Gen. Hosp., N.B.). Sarnia: *Frances Dawson* (Royal Vic. Hosp., Montreal). Saskatoon: *Jennie Victor* (St. Paul's Hosp., Saskatoon). Surrey: *Alice Dudman* (Univ. of Alta.). Toronto: *Elizabeth Burgar* (Toronto Gen. Hosp.), *Phyllis Dawson, Lois Dedrick,* and *Eileen Warren* (Toronto West. Hosp.), Mrs. *Helen Heenery* (McMaster Univ.), *Katherine MacDonald* and *Mary Weiler* (St. Jos. Hosp., Toronto), *Betty Robbins* (Wellesley Hosp., Toronto), *Elaine Shenson* (Univ. of Toronto), Mrs. *Mary Watson* (U. of T.), *Monna Zentler* (Metropolitan Hosp. London, Eng.), *Toyoka Fujita* (Women's College Hosp.), *Etha Harrison* (T.G.H.), *Patricia Ann Rucker* (St. Thomas Hosp., Eng.). Truro: *Hazel Howie* (City of Sydney Hosp.). Vancouver: Mrs. *Joyce MacRae, Jocelyn Money, Ann Willoughby* (Vancouver Gen. Hosp.), *Clarise Maes* (St. Boniface Hosp., Man.), Mrs. *Rosemary Pulfer* (St. Paul's Hosp., Vancouver), *Audrey Dunsmore* (Montreal Gen. Hosp.). Victoria: Mrs. *Jacoba Campbell-Hope* (Royal Alex. Hosp., Edmonton). Winnipeg: *Blanche Schentag, Ethel Chernenkoff* (Misericordia Gen. Hosp., Winnipeg), *Jean Fremming, Shirley Karlossky,* Mrs. *Elva Redston* and Mrs. *Patricia Stephens* (Winnipeg Gen. Hosp.), *Donna Hackman* (Winnipeg Grace Hosp.). Windsor: *Gwyneth Edmunds* (Toronto West. Hosp.). Woodstock: *Alilian Whyte* (St. Olave's Hosp., London, Eng.). Waterloo: *Agnes Wright* (Falkirk and District Royal Infirmary, Scotland). York Township: *Gwen Mitchell* (Hamilton Gen. Hosp.).

Transfers — *Marion Brown* to Owen Sound as nurse-in-charge. *Therese Carey* to Winnipeg. *Grace Carpenter* to Carleton Place as nurse-in-charge. Mrs. *Beverley MacClelland* to Toronto staff. *Joan Rorke* to Cobalt as nurse-in-charge. Mrs. *Frances McKeen* to Ottawa staff. *Leola Brintnell* to Weston as nurse-in-charge. *Freida Hug* to London. Mrs. *Julia Gabris* to Truro as nurse-in-charge. Mrs. *Dorothy Mathierson* to Vancouver. *Lorraine Miller* to Saskatoon as nurse-in-charge. Mrs. *Shirley Simms* to North York. *Maureen Southcott* to Corner Brook. *Muriel Stevens* to North York. Mrs. *Venetta Vyse* to Burlington. *Janet Zinck* to London staff.

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Wool fibres give off a smell of burnt hair and burn with a sizzling sound. The smoke is bluish gray and the ash crisp and black.

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— *Institutions*

New pediatric findings[1] show Baby's Own Tablets safe

"even for babies as young as two months"

effective

for "relief of constipation and teething discomfort"

Extensive newly completed studies verify the outstanding safety record and the efficiency of BABY'S OWN TABLETS. Patients ranged in age from 2 months to 24 months.

One large group of infants suffered constipation, another group intestinal disturbances and malaise, coincident with teething.

The result from the studies were as follows . . .

ALL CONSTIPATED BABIES were relieved with complete easing of straining at stool, gas discomfort, restlessness and crankiness.

ALL TEETHING BABIES suffering concomitant gastrointestinal disturbances and malaise were relieved except one. Disturbed sleep, restlessness, crankiness were relieved as well as anorexia and constipation when present.

EMINENTLY SAFE — "Throughout the study . . . in no instance was there any untoward reaction; no cutaneous eruptions or other allergic manifestations, no petechiae, no rise in rectal temperature, no alteration in cardiac and respiratory function, no vomiting or diarrhea, no oliguria, no albuminuria. No significant changes were observed in weight, growth, development or hemoglobin before and after the period of medication."

Pleasant, convenient BABY'S OWN TABLETS provide Phenolphthalein 3/16 grain, mildly buffered with Precipitated Calcium Carbonate ½ grain, and Powdered Sugar q.s.

Send for a sample supply and literature citing references.[1-12]

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News Notes

ALBERTA

District 1

Peace River

Mrs. E. Boyd and Mrs. S. J. Bowen attended the annual convention at Banff as official delegates. A "Cotton Ball" held in May helped to defray travelling expenses.

District 2

Camrose

Funds raised from a smorgasbord, dance and variety concert laid the foundation for a Loan Assistance Fund — the newest chapter project. Members have benefitted from an educational program that included a lecture on hepatitis by Dr. Baker, a discussion of heart diseases by Dr. MacInnis and a description of the bronchoscopic clinic by Dr. Fjordbotten.

Ponoka

An operetta held late in April helped to defray expenses in connection with the annual provincial meeting in Banff during May. Mrs. E. Coombs and Mrs. R. Almond attended as voting delegates. Members of this chapter — as co-hostesses — were responsible for the convention program based on "Mental Health."

District 3

Banff

An intensive refresher course for nurses provided those attending with an opportunity to see newer pieces of equipment in use and to hear of the recent developments in medicine and dentistry. The number of nurses in attendance at the sessions was proof of the interest in the course. The possibility of developing public health services for the area is being explored since the demand for clinic services such as vaccination and inoculation of children has grown to such large proportions.

District 4

Medicine Hat

A vigorous membership drive was carried out under the direction of Mrs. F. Anderson and her committee. Mrs. L. Batter was elected as president of the chapter with F. Ireland as secretary and R. Ziehran as treasurer. Mrs. C. Van Dusen was a guest of honor along with members of the 1957 graduating class at a dinner held early in March.

District 6

Red Deer

The chapter plans to sponsor a $300 bursary for a girl wishing to train as a nurse. Mrs. Dorothy Pollock is the president.

Mrs. Flegal, Mrs. Dous and Mrs. Rempel were appointed as official delegates to the annual provincial convention in Banff. Members of the chapter assisted the Kinettes with the Blood Donor clinic held earlier this year.

District 7

Edmonton

General Hospital

The Glee Club recently presented a television program — a new experience for its members. About 300 girls and their parents from the city and surrounding district were welcomed to an Open House held by the school of nursing in March. Students of the school participated in a talent contest and won the trophy with their display of talent. A successful Mardi Gras tea was also held during this month. Members of the faculty attended a workshop by the provincial association of nurses.

Dr. G. Brown was the guest speaker at a recent staff meeting as part of the in-service education program. Two hundred and fifty guests enjoyed the annual fashion show presented by the student nurses.

Jasper

Eleven members were in attendance at a recent Chapter meeting and participated in the discussion on a proposed Municipal Hospital Plan and Health Unit. The group expressed general approval of the project. A refresher course was held in April for local nurses.

Vermilion

J. McPhee attended the annual provincial convention as official delegate. Prizes are again being offered by this chapter to the winners of the Cancer Poster Contest.

District 8

Pincher Creek

An average of 13 members has attended recent chapter meetings held in the recreation room of St. Vincent's Hospital. Volunteers assisted with the Blood Donor Clinic held early in the year. Nineteen high school girls were guests at one meeting where they listened with interest to a panel discussion on nursing as a career. Mrs. J. Hardy was

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(3) Regional Superintendent, 735 New Federal Building, Regina, Saskatchewan.

(4) Regional Superintendent, 522 Dominion Public Building, Winnipeg 1, Manitoba.

(5) Zone Supervisor of Nursing, Box 292, North Bay, Ontario.

(6) Zone Supervisor of Nursing, P.O. Box 3427, St. Roch Branch, Quebec, Que.

(7) Moose Factory Indian Hospital, Moose Factory, Ontario.

or

Chief, Personnel Division, Department of National Health and Welfare, Ottawa, Ontario.

elected president for the current year with Sr. Rosalie Marie as treasurer and M. Docherty, secretary.

Taber

Miss Madeline Quirk, director of nurse recruitment, visited the district earlier in the year and discussed with the high school girls the necessary qualifications for entering a school of nursing and the advantages of such a career. A film added to the general interest. An open house at the local hospital gave the girls an opportunity to see the practical aspects of nursing. Two students are being assisted financially through chapter bursaries.

The new officers for the current year are Mrs. F. Hyde, pres.; Mrs. A. Chrumka, vice-pres.; Mrs. L. Long, treas.; Mrs. E. Shearer, sec.

BRITISH COLUMBIA

Ladysmith

The Honorable Eric Martin, Minister of Health and Welfare, officially opened the new Ladysmith and District General Hospital in mid-April. Mr. C. D. Roberts, chairman of the building committee, was also chairman on this occasion marking a successful conclusion to the efforts of himself and his co-workers. Members of the hospital board and staff, representatives of the local chapter of the Registered Nurses' Association, and members of the hospital auxiliary acted as guides for the many interested spectators attending the ceremony. Tea was served in the spacious main kitchen and dining room. Several rooms in the new hospital have been furnished by donations from various organizations. Representatives from the organizations concerned also assisted as guides.

The Chamber of Commerce helped to celebrate the achievement of the new building by organizing a banquet and dance. There were 450 places laid in the Agricultural Hall for the directors of the hospital, the fund canvassers and others. Mr. Martin was the guest speaker.

The new hospital is a single story stucco structure built on a hill with a magnificent harbor view. Pastel colors have been used throughout, with drapes in appropriate shades and modernistic design. An intercommunication system will help to save many needless steps. Unique in the annals of hospital history, the building is entirely debt-free as its work begins in the community. Five of the nurses who graduated from the school of nursing formerly operated by the hospital, attended the opening ceremonies. They were Mrs. E. (Wilson) Campbell, a former matron; Mrs. J. P. (Provis) Jones, present matron; Mrs. E. (McDonald) Gregson; Mrs. M. (Wilson) Little and Mrs. Frances (Williams) Bell. Unfortunately, due to illness, Mrs. Grace (Woodward) Sala, matron of the first Ladysmith hospital, was unable to attend. Now a resident of Galiano island, Mrs. Sala is 86 years of age.

Prince George

Reverend T. D. R. Allen was the guest speaker on the occasion of the nurses' annual church parade. His topic was Religious Aspects in Nursing. Chapter members assisted with the Cancer Society tag day. Mrs. G. Ferry was elected president for the current year, with Mrs. E. Gerches as vice-pres., Mrs. D. McKellar, sec., and Mrs. G. Preetzman, treas.

Trail

H. Whittington was elected as chapter president with Mrs. R. Wilson, Mrs. J. Van Geyn, vice-pres., and B. Reavill, treas. Mrs. D. Miller and Mrs. E. Schulte were elected to the executive as well. A very successful dance was held earlier in the year. Plans have been made to hold a rummage sale in May and September. A donation was voted towards the travelling expenses of the delegate to the ICN congress.

Vancouver

St. Paul's Hospital

Sister Florence Mary, who was at one time in charge of the maternity division, was welcomed by alumnae members to her new position as sister superior of the hospital. A long-term project in the form of completing and furnishing a non-denominational prayer room has been undertaken by the association. The room is to be in memory of all St. Paul's graduates who have passed on. Funds are to be raised by voluntary contribution and donations may be sent to St. Paul's Hospital Alumnae Memorial Fund in care of Miss G. Corcoran, 1056 Comox St., Vancouver. The alumnae summer supper dance is to be held in mid-June at the Stanley Park Pavilion. Dr. George F. Elliott, assistant deputy minister of health for B.C., spoke on "Salk Vaccine" at a recent meeting. Members of the local chapter of the Royal Victoria Hospital, Montreal alumnae were among the special guests. M. Heavysides, a recent graduate, brought honor to her school by placing third in provincial registration examinations.

A. Friesen and A. Klassen are taking postgraduate study in psychiatry at the Ontario Hospital, London. L. Hempler is presently completing her course in the same hospital. N. Martens is doing private duty in London. The class of January '47 enjoyed a reunion at the home of Mrs. (Dewar) Marquardt. Attending from out-of-town were H. Anton from St. John's Hospital, Longview, Washington; B. Conroy from Chilliwack public health staff; Mrs. (Breakey) Higginson, Mrs. (Ballyntyne) Matterson, and Mrs. (Manchester) Levas. Sister Mary Celina received a gift from the association before leaving for McLellan, Alberta. She had been associated with the hospital for twenty-one years. Sister Leo Francis has been transferred to Kenora, Ont. Plans for the Jubilee celebrations are well-advanced and members are anticipating a very happy reunion with their friends.

Victoria

Approximately 80 members were present at a recent monthly meeting of the chapter. Plans for an extra meeting in June with a symposium on a Civil Defence Program were concluded. It was also decided to present a silver tray to a student from each hospital at the forthcoming graduations. A net profit of $150 was realized on the play sponsored at the Little Theatre Guild in April.

The highlight of the evening was a talk on Accreditation of Training Schools across Canada by Miss Evelyn Mallory, of the University of British Columbia.

MANITOBA

District 2

Brandon

Chapter members held a buffet supper meeting in the nurses' residence of the General Hospital recently. Representatives attended from Virden, Ninette and Brandon sanatoria, and the three local hospitals. Donna M. Baxter, senior nutritionist with the Department of Health and Public Welfare, spoke on "Therapeutic Nutrition." Following the main address, she dealt with several special diets requested by members and answered other questions.

Nurses from Virden, Reston, Hamiota, Ninette and Gladstone joined with local members to enjoy the unique presentation of facts concerning accreditation at another chapter meeting. The program was in charge of P. Long, chairman of the education committee, and was in the form of the "$64,000 Question." Participating were M. Jackson, E. Cranna, M. Kullberg, R. Shanks, D. Moggey, E. Pattinson and Mrs. J. Fargey. A question period followed the skit.

The B.G.H. class of '32 announced plans to hold a reunion on Friday, June 28 at the Twin Pines Motel followed by a social evening at the home of Mrs. H. S. Perdue. The reunion will coincide with the observance of the hospital's 75th anniversary.

General Hospital

A successful tea and home cooking sale was held in the nurses' residence late in March by the alumnae association. Decorations were carried out in the 75th anniversary motif. Guests were received by Mrs. H. S. Perdue, pres., and M. E. Jackson, supt. of nurses. Miss C. MacLeod and Mrs. R. Darrach, both former superintendents of nurses, assisted in pouring tea.

A dinner and dance in honor of the graduating class was held in May. A reunion of all the graduates of the school is planned for June 28. A reception is to be held in the nurses' residence on that date and graduates will have an opportunity to visit the hospital and see the changes that have taken place. The alumnae association would appreciate hearing from graduates who have married or have moved away. Please write to Alice Bennett, 557 5th Street, Brandon.

Poet clears up mystery of . . .

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St. Boniface Hospital

Approximately 50 associates and friends attended a dinner honoring Miss B. Allen, former director of nursing service. Miss Allen plans to go to the United States very soon.

WINNIPEG

General Hospital

B. Bourns was a very welcome guest speaker at a recent meeting of the alumnae association in the new auditorium. Miss Bourns is a United Church missionary at the Severance Hospital in Seoul. Members listened with great interest as she described her work in Korea and economic conditions in that country. Miss J. Morgan who has just retired from the admitting office was named Woman of the Year for 1956 and presented with a silver spoon bearing the hospital crest. Dr. Bradley, the hospital administrator, outlined a proposed building and modernization project to be undertaken as soon as funds permit. Miss Margaret Cameron, director of nursing, also spoke briefly.

Dorothy Franklin, presently on furlough from missionary duties in Bolivia, was the guest speaker on another occasion. Her description of her work and the colored slides showing some aspects of missionary life were of considerable interest to all present.

The annual Spring tea was a great success with proceeds well over $3000. The money will be used to provide scholarships for postgraduate study.

NEW BRUNSWICK

MONCTON

At the regular meeting of the chapter held in March at the nurses' residence of the Moncton Hospital, Miss Isabel Lane, Nursing School Adviser, was the guest of honor. Miss M. Johnston gave a very interesting description of her trip to Europe last summer. Miss Muriel Archibald, secretary-registrar, was the guest speaker at the April meeting. Her topic was Accreditation of Schools of Nursing.

E. Larracy, K. MacRae and H. Hayes were the other panel members. The annual Vesper Service was held early in May.

SAINT JOHN

Forty-nine members attended a recent chapter meeting at which Dr. T. E. Lunney spoke on anesthesia. The chapter held a very successful bridge party in the living room and gymnasium of the General Hospital nurses' residence. Spring flowers were used effectively on the tea table and throughout the rooms. Guests were welcomed by J. Stephenson, director of nursing; W. Hooser, chapter president, and H. McCallum, convener for the event. S. Nagle had charge of the sale of home-made candy. B. Melanson was pianist for the evening.

Sixty-six members attended another chapter meeting held in the nurses' residence of the General Hospital at a later date. Miss K. Donahue presided in the absence of the president. Special guests for the evening were Miss M. Archibald, provincial secretary-treasurer, and senior students from the local hospitals. Following the business session, Miss Archibald, Miss M. Myers, Miss L. Smith and Sister Theresa Carmel participated in a panel discussion on accreditation of schools of nursing. The chapter held its annual dance at the Admiral Beatty Hotel late in April.

General Hospital

Congratulations are extended to June Beatty and Dorothy Wasson who tied for first place honors in the provincial registration examinations, and to Elizabeth Estabrooks and Gloria Mantle who tied for second position. The Recreation Club sponsored a fashion show early in April for an audience of about 600. Two graduate nurses and 14 student nurses acted as models and an orchestra provided a program of popular music during the fashion parade. Miss M. Jane Stephenson welcomed guests attending the show and later presided at the tea table when club members entertained the staff of Manchester Robertson Allison Ltd. — the firm supplying the clothes modelled. Miss Doris Grieve, Mrs. Lois Gladney and Miss Joyce Walton looked after arrangements.

NOVA SCOTIA

HALIFAX

The postgraduate students of Dalhousie University presented a panel discussion on accreditation of schools of nursing at a chapter meeting earlier this year. Miss Electa MacLennan was the chairman.

LUNENBURG

Mrs. LaVerne McEachron recently accepted the position of superintendent of nurses of Fishermen's Memorial Hospital replacing Mrs. E. E. Lamont who resigned earlier this year. A graduate of Massachusetts General Hospital and Simmons College school of nursing, Mrs. McEachron served in executive capacities in hospitals in Massachusetts before returning to her native Nova Scotia. She was a science instructor in the school of nursing in the New Glasgow hospital and superintendent of the Kentville hospital for four years.

NEW WATERFORD

Some seventy members of the Cape Breton and Victoria chapters of the provincial association heard Miss Nancy Watson, provincial registrar, and Miss Rhoda MacDonald, school of nursing adviser, discuss questions relating to the Act and bylaws. On another occasion the Spirit of Nursing was the theme of a presentation by repre-

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Positions open:

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40 hour week, statutory holidays, 4 weeks vacation with pay annually. Residence accommodation in modern residence $5.00 per month, cafeteria meal service, 30¢ per meal. Recreational facilities. Applicants must be British Subjects & eligible for registration with Registered Nurses' Association of British Columbia.

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sentatives from hospitals and other nursing organizations. A variety of posters were prepared and displayed; a filmstrip on the life of Florence Nightingale was shown; and Miss Buffett and Mrs. Agnes MacDonald spoke regarding the theme. The program concluded with a showing of colored slides depicting public health work in Yarmouth.

ONTARIO

District 1

Windsor

The members of the local chapter held an animated meeting late in March at which they were given an opportunity to express their views on important convention issues. Miss Dorothy Colquhoun explained the possible role of the provincial association as the negotiating agent for registered nurses in their relations with employers. Policies in this regard formed a vital convention issue. A "buzz" session concluded the meeting with the following subjects under discussion: the role of the chapter in establishing stronger ties with student nurse associations; the student nurse and her sense of "belongingness" to the professional group; habit patterns and the student nurse; the community attitude towards the nurse. The Victorian Order of Nurses graciously offered the use of their building for this meeting.

Guelph

General Hospital

Under the leadership of M. Featherstone, the alumnae association enjoyed a successful year in 1956. The programs were varied and interesting. They included a food demonstration by Silverwood's; a showing of colored films by J. Faris, senior laboratory technician, who visited North Africa, the Holy Land, India, Malaya and other countries; addresses by Mrs. D. Ferguson, a local lawyer, Mrs. I. Burns, a social worker and Dr. J. Brown, a pediatrician. The annual dinner was one of the largest and most successful in the history of the alumnae.

District 5

Toronto

Western Hospital

The school of nursing will observe its 60th anniversary in 1958. Alumnae members are already making plans for festivities in this connection. The annual Spring tea sponsored by the association took place in the residence on May 25. An account of his experiences during a visit to Russia was given by Dr. A. D. T. Purdy at a recent alumnae meeting.

B. Lane and J. Scott are presently in

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Excellent personnel policies according to recommended policies of Alberta Association of Registered Nurses.

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Europe. G. Kitamura and D. Paupst have joined the R.C.A.F. M. Ross is doing industrial nursing with Imperial Oil Company at Sarnia. L. Burgess recently returned from Australia. J. McDonald, B. Russell, A. Thornton and S. Booth are working in Los Angeles. B. Johnston, A. Kaiser and G. Schedewitz are in San Francisco. E. Hawn is now superintendent of nurses of a hospital in Pithipuran, South India. H. Stockton is in charge of the nursing school, Hospital doDondi, Bella Vista, Angola.

District 6

Belleville

An educational program organized by the Community Nursing Registry with the assistance of the members of the teaching staff of the General Hospital proved to be a most successful venture. An average of 80-90 nurses attended the once-weekly, two-hour lectures and demonstrations. Drug companies supplied a variety of pamphlets, books and samples.

Briefly, the subjects discussed included medical, surgical and nursing care of patients with urological, chest conditions and burns; the care of patients with emotional problems; the demonstration of newer types of equipment, e.g. the Stryker bed. A coffee party was held at the conclusion of the series for the doctors participating in the program, the nurses who attended and others.

General Hospital

An auction sale was the feature attraction at an alumnae meeting earlier this year. The dinner in honor of the members of the graduating class was held in May. Each girl was presented with a year pin. For those who may be interested in obtaining a similar pin, write to the alumnae president, E. Boyce, stating your year of graduation. The pins cost $4.00. The graduation exercises and dance in mid-May provided pleasure and excitement for all. The class of '47 held a reunion early in June and renewed friendships and acquaintances of training days. The married names or addresses of the following are being sought: Laura Nickle '47, Freda Foster '41, Jessie Broomfield '41, Mrs (McCurdy) Wilton '41, Helen French '39 and Dorothy Kirkland '30.

District 7

Brockville

General Hospital

Members of the alumnae association accomplished one large project as the finishing touches were added to the interior decorating being carried out on the director of nurses' suite. A new graduate was the recipient of a prize from the association for obtaining highest standing in eye, ear, nose and throat nursing. This was presented at

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the graduation dinner. The Children's Ward received a much-needed new Frigidaire — thanks again to the efforts of loyal alumnae members — and the student nurses are enjoying a new set of T.V. dishes. Best wishes are sent to distant members from their friends at home who hope that they will enjoy hearing of the activities of the association.

District 8

Ottawa

Civic Hospital

In September of this year, a new program of nursing education will be officially inaugurated that will be one of the most advanced courses in Canada. During the first two years the student will receive instruction and experience in all the main fields of nursing with closely correlated experience on selected wards. During the third year of nursing internship, the student will be rotated through all services with the approach being from the administrative standpoint.

A new chapter of the alumnae association was recently formed in Toronto. The Sudbury chapter is now firmly established under the presidency of Mrs. Audrey McKenzie. News of the graduates includes the following items: Mrs. Reynolds is stationed with the R.C.A.F. Comox, B.C. E. and M. Kidd are on the staff of the Municipal Hospital, Medicine Hat. M. Cook has joined the staff of her hospital following her return from Egypt. A. Elliott is presently attending Dalhousie University. Mrs. G. (Winters) Knowles is currently engaged in private duty in Ottawa. E. Nesbitt has assumed the post of adult probation officer for women in Ottawa. E. Robideaux has been appointed supervisor of the Department of Indian Affairs in Nova Scotia. D. Smith is on the staff of the University Hospital, Saskatoon. D. Archibald has combined part-time attendance at Boston University with her duties at the Boston Lying-in Hospital. Mrs. T. (Hawkshaw) Carter has resumed her position as operating room supervisor at Jefferson Hospital, Roanoke, Virginia. D. Ainger accepted a position with the public health staff of the local public schools. C. Arnold is presently in charge of the Children's ward. F. Fraser, M. Logan-Venta and D. Fox are T.C.A. stewardesses. L. Kropp has gone to Ambur, India as a nurse-missionary. Lt. N/S B. Ames and Lt. N/S L. Edey are stationed at Islerlohn, Germany. N/S N. Barker is with the R.C.A.F. at Goose Bay. Mrs. D. (Macartney) Walker is on the staff of the local Children's Aid Society. E. Fraser and A. Smith have joined the V.O.N. M. Humphreys is on the staff of the Vancouver General Hospital. S. Blackmore is working in the operating room of Highland Park General Hospital, Michigan. J. Edwards, J. Honeyborne and F. Smith are members of the Memorial Hospital staff, Sudbury. N. Keays and F. Leach are on the staff of the Calgary General Hospital. Mrs. G. (Morrin) Luke is nursing with the Canadian International Paper Co., Gatineau Mills, P.Q.

Lady Stanley Institute

The annual alumnae dinner was held early in the year in St. Giles Church hall. Many out-of-town guests attended. An illustrated lecture on Egypt was given by Mrs. H. P. Hudson.

QUEBEC

District 3

Sherbrooke

A meeting of the members of the English chapter was held early in the year at Norton residence with Miss C. Aitkenhead presiding. A panel discussion based on the history of the A.N.P.Q., the objectives of the rules for registration and the advantages of being members of professional bodies followed.

Sherbrooke Hospital

The annual Spring bridge of the alumnae association was held on St. Valentine's day in Norton residence. Red and white carnations in a silver bowl with red tapers in silver holders centred the table. Mrs. M. Mandigo and Miss Aitkenhead presided at the tea table. Mrs. F. Simpson assisted by several alumnae members served refreshments. Misses B. Harrison, I. Arbery, L. Hunting, C. Moore, J. Whitman, Mrs. D. Force and Mrs. R. Beckwith were accepted as new members at a regular meeting of the association.

A Spring rummage sale was held in April and a drawing will be held for a $50.00 bond in May.

Twenty-one preclinical students received their caps from Miss C. Aitkenhead, director of nurses, and were welcomed into the school of nursing. Miss G. Norris, educational director, presented the students for capping. Dr. J. L. Ross was the guest speaker for the evening and Dr. W. Klinck also spoke briefly. The invocation and dedication prayers were given by Rev. F. C. Amery. A candle-lighting ceremony followed. A white Testament was presented to each student on behalf of the Gideon Society by Mrs. J. Walker. G. Lukassen was presented with the Asbestos Corporation Limited scholarship award by Mrs. E. W. L. Arnold.

The responsibilities of the Nursing Office were discussed by Miss L. Henshaw as part of the program at a recent staff meeting. F. Whittle discussed the role of the graduate nurse in team nursing on the same occasion.

District 11

Montreal

En mars, les Soeurs Potvin et Boileau, r.h.s.j. de l'Hôtel-Dieu de Montréal partaient pour la nouvelle mission d'Afrique. Suzanne Boismenu et Omélienne Villeneuve quittaient les services hospitaliers de l'Hôtel-Dieu de Montréal pour retourner dans une colonie du Labrador, la Réserve Indienne.

REGISTERED NURSE INTERNSHIP

NEW YORK UNIVERSITY

Offers to registered nurses who meet admission requirements of the Department of Nurse Education, School of Education, a one-year internship in Oncological Nursing at James Ewing Hospital of the Department of Hospitals, Memorial Center.

Experiences include Cancer Research, Chemotherapy, Medicine, Surgery, Radiation Therapy, and principles of team nursing. A monthly stipend, laundry and two meals a day are provided. Students are assisted in securing desirable living facilities.

Classes are admitted in the Fall and Spring semesters. Applications for the September 30, 1957 class should be filed no later than September 15.

For further information write to:

NORMA F. OWENS, ASSISTANT DIRECTOR INTERNSHIP IN ONCOLOGICAL NURSING, DEPT. OF NURSE EDUCATION, SCHOOL OF EDUCATION, NEW YORK UNIVERSITY, WASHINGTON SQUARE, NEW YORK 3.

WILLS EYE HOSPITAL

Philadelphia, Penna.

The largest eye hospital in the United States offers a six-month course in ***Nursing Care of the Eye*** to *Graduates of Accredited Nursing Schools.* Operating Room Training is scheduled in the course.

- Maintenance and Stipend: $165 per month for four months and $175 per month for the next two months.
- Registration Fee is $15 which takes care of pin and certificate.
- Classes start **March 15th** and **Sept. 15th.** Ophthalmic nurses are in great demand for hospital eye departments, operating rooms, and ophthalmologists' offices.

For information write to

Director of Nurses,
Wills Eye Hospital,
1601 Spring Garden Street
Philadelphia 30, Penna.

Player's Please

THE MILDEST BEST-TASTING CIGARETTE

GENERAL DUTY NURSES
(GRADUATES)
for U.S.A.

236-bed-hospital. 30 miles from New York City. Apt. style residence. Good salary. Free benefits. Pension plan.

Apply: Director of Nursing,

MEMORIAL HOSPITAL, MORRISTOWN, NEW JERSEY, U.S.A.

THAT ALL UNIFORMS CLOTHING AND OTHER BELONGINGS ARE MARKED WITH

CASH'S NAMES

Permanent, easy identification. Easily sewn on or attached with No-So Cement. From dealers or CASH'S Belleville 5, Ont.

CASH'S NAMES: 3 Doz. $1.50; 9 Doz. $3.00; NO-SO 6 Doz. $2.40; 12 Doz. $3.50; 25¢ per tube

Children's Hospital

At a recent meeting of the alumnae association, a silver tea urn was donated to the nurses' residence in memory of Miss Annie S. Kinder, a former director of nurses. $500 was donated by the alumnae association to be used in furnishing a two-bed room.

Royal Victoria Hospital

Recent visitors have been F. Gass, J. (Wright) Lamb, R. (LeRiche) Gilmore, M. (Smith) Larrimer, N. (McTaggart) Brenchley, A. (Hughes) Carmichael, R. (Pettes) DeMarco, L. Balcom, B. Locke, I. Rimstead.

M. Newcombe is on the staff of the Franklin Memorial Hospital, San Francisco. P. (Butterill) Durward, J. Stiling and J. (McCulloch) Wright are working at the Victoria Hospital, London. E. Hebb is stationed with the R.C.N. at H.M.C.S. *Naden*, Esquimalt. J. (Wright) Lamb is in charge of the Rehabilitation ward at the University Hospital, Saskatoon. J. MacMillan has returned to the operating room staff of the Neurological Institute. L. Wright has resigned from the Dept. of Health, Victoria, B.C. After attending the ICN congress in Rome, she plans to remain in Europe for some time.

Dr. Dorothy Ross, vice-principal of the Montreal High School for Girls was the guest speaker at the alumnae meeting in April.

SASKATCHEWAN

Saskatoon

Mrs. Ethyle Hirsch, who is on the staff of City Hospital, has been appointed the provincial nursing officer for the Saskatchewan St. John Ambulance Brigade and association. She will serve in a voluntary capacity, apart from her regular hospital duties, offering professional guidance to the nursing divisions; acting as liaison officer between the association and the nursing profession; representing her profession at the St. John Ambulance provincial headquarters and assisting with the promotion of home nursing programs. A graduate of Yorkton General Hospital, Mrs. Hirsch took postgraduate work at the Toronto Hospital, Weston. Following her return to her native province she became interested in the work of the St. John Ambulance association. For three years she served as a nursing officer with a nursing division in Saskatoon.

City Hospital

The Vancouver chapter of the alumnae association is compiling a list of the graduates now living in British Columbia. The present count stands at 140. The officers for this branch are: Mrs. (Thorlakson) Peterson, 2219 Russell Street, South Burnaby, pres.; Mrs. D. (Norris) Salkeld, vice-pres. Mrs. J. (Sharon) Phillips, sec.; Mrs. B. (Main) Eade, treas. A tea or coffee party is planned for October at the home of Mrs. M. (Brace) Coltart and the regular dinner dance is being held in mid-June in Canyon Gardens.

Employment Opportunities

ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
U.S.A. & Foreign — *$7.50 for 3 lines or less; $1.50 for each additional line.*

Closing date for copy and cancellations: **10th** of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Director of Nurses (as soon as can be arranged) for fully modern 30-bed hospital. Attractive offer for right party. Town of 2,000 on C.N. Transcanada, C.P. main line Winnipeg to Edmonton. Industrial industries, mixed farming area. New modern separate suite. Apply stating age, experience & qualifications etc. to W. Nicholls, Manager, Union Hospital, Unity, Sask.

Matron & Nurses (General Duty) for small hospital in southern Alberta. **Nurses:** $200 per mo. with $5.00 per mo. increment every 6 mo. for 3 increments. 40-hr. wk. Full maintenance. 3-wk. vacation & 10 statutory holidays per yr. with pay. Sick care. **Matron** to state salary desired. Apply The Secretary, Municipal Hospital, Raymond, Alberta.

Matron for new 60-bed Acute Hospital. Double corridor design. Must have ability to organize nursing dept. Apply to Administrator, Campbell River & District General Hospital, Campbell River, British Columbia.

Director of Nursing & Principal of the school of nursing for 430-bed hospital. Duties consist of directing nursing services & accredited school of nursing of approx. 225 students. Teaching & administrative experience required, prefer minimum of 5 yrs. as Director or Assistant Director experience. Remuneration commensurate with experience & responsibilities. Please reply fully giving details of nationality, training, experience, age etc. to Secretary, Board of Directors, Royal Columbian Hospital, New Westminster, British Columbia.

Superintendent of Nurses for 39-bed hospital in small B.C. town on the verge of big developments. Must have, or be able to obtain, B.C. registration. Salary dependent on qualifications. For details write Administrator, Queen Victoria Hospital, Revelstoke, B.C.

Matron for modern 30-bed hospital. Duties to commence immediately. Private 3-room suite. 4-wk. annual vacation with pay after 1 yr. service. All statutory holidays. 44-hr. wk. Full-time Sec.-Treas. For further particulars contact Robert G. Keast, Sec.-Treas., District Hospital, Roblin, Man.

Superintendent of Nurses (1), Graduate Nurses (2) for 22-bed hospital. Basic gross salary: $300 & $240 respectively. Annual vacation: 1-mo. & 3-wk. respectively plus 8 statutory holidays. Cumulative sick leave. Good working conditions. Separate modern nurses' residence. Phone or write to Sec.-Manager, Union Hospital, Hafford, Sask.

Director of Nursing for 100-bed hospital. Position available at any convenient date, preferably June 1st. Apply Administrator, Norfolk General Hospital, Simcoe, Ontario.

Assistant Superintendent for 35-bed hospital, 50 mi. from Toronto. Living accommodation in residence. For further particulars apply to the Superintendent, Stevenson Memorial Hospital, Alliston, Ontario.

Nursery Supervisor for new Nursery Unit. Postgraduate study or previous experience desired. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Operating Room Supervisor, Night Supervisor, Assistant Head Nurses & Staff Nurses. Excellent personnel policies. Apply Director, Shriners Hospital for Crippled Children, 1529 Cedar Ave., Montreal, Quebec.

Clinical Instructors & General Duty Nurses (Pediatrics & other Depts.) for 200-bed hospital. Good personnel policies. Please apply St. Michael's Hospital, Lethbridge, Alberta.

Psychiatric Clinical Instructors (2) to teach affiliating nurses & male staff. Salary: $330-$390 per mo. **Graduate Nurses** (preferably with psychiatric nursing experience.) Salary: $270-$310 per mo. 1,500-bed active treatment hospital conducting an approved school of nursing. 44-hr. wk. Modern residence with board, if desired, $30 per mo. Excellent holiday, sick leave & pension benefits. Apply, stating qualifications & experience to Supt. of Nurses, Provincial Mental Hospital, Ponoka, Alberta.

Clinical Instructor in gynaecology & **Assistant Instructor** in nursing arts for 430-bed hospital, 175-student school of nursing. 40-hr. wk. 4-wk. annual vacation. Cumulative sick time. B.C. registration required Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Clinical Instructor for 110-bed hospital. Apply Superintendent, Charlotte County Hospital, St. Stephen, New Brunswick.

Nursing Arts Instructor, Science Instructor, Operating Room Nurse for 170-bed hospital in university city — school of 90 students. Good personnel policies including increments every 6-mo. for 2 yr. Apply to Director of Nursing, Victoria Public Hospital, Fredericton, N.B.

Matron, General Duty Nurses (2) for 23-bed hospital. Top wages. 1-mo. annual vacation. Sick leave. Separate nurses' residence. Apply to Sec.-Manager, Union Hospital, Spiritwood, Saskatchewan.

McKellar General Hospital, Fort William, Ontario requires a **Science Instructor.** Duties to commence early in August. Salary schedule: $270-$300 per mo. Additional recognition for experience. Good personnel policies. Apply Director of Nursing.

Instructors (2) for 300-bed accredited General Hospital. School of Nursing (92 students.) 1 class annually. 44-hr. wk. 1 mo. vacation. 8 statutory holidays. Sick leave. Pension plan. Apply Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

Pediatric Head Nurse with postgraduate or equivalent experience. Operating Room Nurses & General Duty Nurses for 110-bed hospital in the Fraser Valley, 68 mi. from Vancouver with good bus service. Personnel practices in accordance with the R.N.A.B.C. policies. Accommodation in residence if desired. Further particulars available. Apply Director of Nursing, General Hospital, Chilliwack, B.C.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post graduate program. Full maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium, Kentville, N.S.

General Staff Nurses for 100-bed hospital. Salary: $215 per mo. For information apply to Director of Nursing, Norfolk General Hospital, Simcoe, Ontario.

Registered Nurses (Staff Duty) for 250-bed General Hospital. For further information apply to Director of Nursing, Union Hospital, Moose Jaw, Saskatchewan.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with student programs. In central valley, city of 108,000. State & Junior Colleges afford opportunity for advanced education. Salary $300 with 4 annual increases to $341. Full maintenance $45 per mo. Liberal personnel policies. Apply Assoc. Director of Nursing Service, County General Hospital, Fresno, California.

General Staff & Operating Room Nurses for 370-bed approved General Hospital with intern & resident program. Pleasant resort city 21 mi. from Los Angeles. Starting salary: $275 per mo. with $15 merit increases at 6, 12, 24, 36 mos. 40-hr. wk. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial Hospital, Long Beach 13, California.

Attention Registered Nurses — Apply Now! Staff positions available starting June '57 for 400-bed country hospital located 2 hr. drive from either San Francisco or mountain resort areas. Starting salary: $304 with shift differential of $10. Specialty service differential also. Rooms available in nurses' home for $15 per mo. Laundry & meals available for a reasonable sum. 40-hr. wk. 3-wk. vacation at end of 1 yr. 11 holidays yearly & compensatory sick time. Apply Director of Nurses, Stanislaus County Hospital, 830 Scenic Drive, Modesto, California.

Staff Nurses for 300-bed General Hospital. Attractive personnel policies plus differential for specialties, afternoon & night duty. Opportunities for advanced education. Apply to Director of Nursing Service, Kaiser Foundation Hospital, Oakland 11, California.

Staff Nurses for 500-bed General Hospital. 40-hr. wk. Beginning salary: $325 per mo. with advancement to $360 for those eligible for registration in the State of Michigan. Additional differential $1.50 per afternoon or night. Hospital & school of nursing fully approved. Apply Director of Nursing, The Grace Hospital, 4160 John R. St., Detroit 1, Michigan.

Staff Nurses for modern 650-bed Tuberculosis Hospital affiliated with Western Reserve University approved by joint commission on accreditation of hospitals. 40-hr., 5-day wk. Beginning salary: $286 with automatic increases. Advancement for eligible applicants. Full maintenance available at minimum rate, housing for 2 or more nurses. Meets approved minimum employment standards of the State Nurses" Association. Apply Director of Nursing, Sunny Acres Hospital, Cleveland 22, Ohio.

Staff Nurses (Rotating) for General Services. Starting salary: $290. Extended evening, night & operating room: $304 per mo. 900-bed teaching hospital in resort twon near large city. Professional & recreational opportunities. Apply Director, Nursing Service, The University of Texas, Medical Branch, Galveston, Texas.

Registered General Duty Nurses, 2: immediately for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross salary: $230 per mo. Perquisites $30. $5.00 increment every 6 mo. 8-hr. day, 44-hr. wk. 1 mo. annual vacation with pay. Sick leave with pay. Apply to Matron, Brooks Municipal Hospital, Brooks, Alberta.

Registered Nurses for 16-bed new hospital. Salary: $185, or $195 if 3 yr. experience plus full maintenance. 5½ day wk. 1-mo. vacation. Single room residence. Apply Matron, Municipal Hospital, Manning, Alberta.

Registered General Duty Nurses (2) for 35-bed hospital. Salary: $196 per mo. plus full maintenance, 4 increments of $5.00 per mo. after each 6-mo. 1-mo. vacation with pay. Sick leave & hospitalization benefits. If employed for 1 yr. train fare refunded from any point of Canada. Apply Miss A.A. MacDonald, Matron, Municipal Hospital, Two Hills, Alberta, Telephone 335.

Registered General Duty Nurses for 28-bed hospital. Salary: $250 B.C. registered; $240 registered in other provinces. 40-hr. wk. 28-day annual vacation. 10 statutory holidays. 1½ days sick leave per mo. $15 per mo. room & laundry of uniforms. Moderately priced meal ticket system. Apply Administrator, Lady Minto Hospital, Ashcroft, British Columbia.

Registered Nurses (2) for new 30-bed hospital. Apply Matron, Creston Valley Hospital, Creston, British Columbia.

Registered Nurses for modern 20-bed hospital. Salary: $200 per mo. plus maintenance. $5.00 increase every 6-mo. to maximum of $220. Good working conditions & living quarters. Vacation after 6-mo. at rate of 2½ days for each mo. of work, maximum 30 days. Statutory holidays. 8-hr. rotating shifts. Apply to Deloraine Memorial Hospital, Deloraine, Manitoba.

Registered Nurses (2), Maternity Nurse (1) for general duty to start July 1, 1957. 14-bed hospital. 8-hr. day. 1 mo. annual vacation. Good working conditions. For further information apply to Matron, Grand Manan Hospital, Grand Manan, New Brunswick.

Registered Nurse for 40-bed northern hospital. Experienced in X-ray, laboratory & operating rooms & to act as assistant to Matron. For complete information write Matron, Yellowknife District Hospital, Yellowknife, N.W.T.

Registered Nurses. Salary: $225 per mo. gross. 5-day wk. Single room residence, 20 miles east of Toronto. Apply Supt., Ajax & Pickering General Hosp., Ajax, Ont.

Registered Nurses, Certified Nursing Assistants for general duty. 44-hr. wk. Annual vacation with pay. Statutory holidays. For further information apply Director of Nurses, General Hospital, Cobourg, Ontario.

Registered Nurses. Gross salary for nurses currently registered in Ont. $235 per mo. Good personnel policies. New facilities. Comfortable nurses' residence. 8-hr. rotating shift. 44-hr. wk. 1 day off 1 wk., 2 the next. 1½ days holiday allowed per mo. same sick time accumulated to 90 days. 8 legal holidays per yr. The equivalent of single train fare paid up to $40 after 1 yr. service. Apply Supt., Lady Minto Hospital, Cochrane, Ont.

Registered General Duty Nurses for 25-bed hospital. Salary: $200-$225. Rotating shifts. Good personnel policies. Apply Superintendent, Englehart & District Hospital Inc., Englehart, Ontario.

McKellar General Hospital, Fort William, Ontario requires **Registered General Duty Nurses.** Basic salary: $225 per mo. Good personnel policies. Hospital consists of a new wing & a recently completed extensive renovation program in the old section. Nurses interested in all fields of nursing are invited to apply to the Director of Nursing.

Registered Nurses (2) for 60-bed hospital. Salary: $180 plus full maintenance. Increment after 1 yr. service for 4 yrs. 8-hr. duty. 28 days vacation. Residence accommodation. Apply Supt. of Nurses, Alexandra General & Marine Hospital, Goderich, Ont.

Registered Nurses for General Duty. Initial salary: $200 per mo., with 6 or more months Psychiatric experience, $210 per mo. Salary increase at end of 1 yr. 44-hr. wk.; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered Nurses for 73-bed General Hospital situated on Lake of the Woods. Salary range for General Duty: $215-$245 depending upon satisfactory service, past experience & length of employment. 30-day paid vacation, 7 statutory holidays per yr. 14-day sick leave after 1-yr. employment. Resident accommodation available if desired. Facilities for recreation & church activities available. Apply Supt., General Hospital, Kenora, Ont.

Registered General Duty Nurse for new 28-bed hospital in northern Ontario. Salary: $215 minimum, $245 maximum per mo. 44-hr. wk. Rotating shifts. 28-day annual vacation. 8 statutory holidays. New residence. Apply Superintendent, Bingham Memorial Hospital, United Church of Canada, Matheson, Ontario.

Registered General Duty Nurses for 30-bed hospital. Apply Superintendent, General Hospital, Meaford, Ontario.

Registered Nurses. Excellent personnel policies. 40-hr. wk. Single room residence. Apply Nursing Director, St. Andrews Hospital, Midland, Ontario.

Educational Director for 370-bed General Hospital in resort community, to assist in initial planning for new professional school of nursing. Degree in nursing education, with experience in a working dept. required. Salary open. Liberal employee benefits. Apply Director of Personnel, Seaside Memorial Hosp., 1401 Chestnut Ave., Long Beach 13, Calif.

Registered General Duty Nurses for 28-bed General Hospital. Good salary & personnel policies. Adjacent attractive residence. Recreational facilities. For further particulars apply Superintendent, Niagara Hospital, Niagara-on-the-Lake, Ontario.

Registered General Duty Nurses for modern 300-bed accredited hospital. Excellent personnel policies. Rotating shifts. For further information apply Director of Nursing, St. Thomas-Elgin General Hospital, St. Thomas, Ontario.

Registered General Duty Nurses for 200-bed General Hospital, Salary $235 per mo. with annual increase. 5½ day wk. Good personnel policies. Apply Director of Nursing, General Hospital, Sault Ste. Marie, Ontario.

Registered General Duty Nurse for active 18-bed hospital. Excellent salary. 44-hr. wk. 3-wk. vacation after 1 yr. service. Statutory holidays. Sick leave benefits. Apply Administrator, Shelburne District Hospital, Shelburne, Ontario.

Registered Nurses for General Duty & Operating room for modern 100-bed hospital in south western Ont. Basic salary: $210 per mo. plus increments, plus shift differential. 5½-day wk average. 21-day vacation, 7 statutory holidays. Sick leave benefits. Residence accommodation available. **Apply Director of Nurses, District Memorial Hospital, Tillsonburg, Ont.**

Registered General Duty Nurses for County Hospital in Huntingdon, 45 mi. from center of Montreal. Excellent bus service. Pleasant working conditions. Nurses' home attached to hospital. Attractive community social life. 2 theatres, bowling, curling & dancing. 8 mi. from summer resort on Lake St. Francis & 12 mi. from U.S. border. Gross salary: $200 per mo. Three $5.00 increases at 6-mo. intervals to maximum $215. 44-hr. wk., 8-hr. duty, rotating shifts. Full maintenance available at $35 per mo. 2-wk. sick leave. Blue Cross paid. 1 mo. annual vacation, all statutory holidays. Apply Mrs. M. G. Curran, R.N., County Hospital, Huntingdon, Que.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo., additional monthly bonus for permanent evening & night shifts 44-hr. wk., 8-hr. duty. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' reseidence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Registered Nurses. Good salary. Excellent living accommodation in the Laurentians. **Trained Attendants or Practical Nurses.** Diploma necessary. Ideal working conditions. Pension plan & other benefits. Apply to Superintendent of Nurses, P.O. Box 420, Ste. Agathe des Monts, Que.

Registered Nurses (2) for modern 8-bed hospital. Salary: $240 per mo. with $5.00 increments after 6-mo. service up to $250 per mo. Full maintenance provided for $30 per mo. Apply to Secretary-Treasurer, Union Hospital, Hodgeville, Saskatchewan.

Registered Nurse (Immediately) & one for September, 1957 for 8-bed hospital. Straight 8-hr. rotating shift. For further information please apply to Sister Superior, Notre Dame Hospital, Val Marie, Saskatchewan.

Registered Nurses. Excellent opportunities in **Private Nursing** are available in Bermuda. Rates similar to those in effect in Province of Quebec. For information regarding openings write to Matron, King Edward VII Memorial Hospital, Bermuda.

Registered Nurses (Immediately) for new, ultra-modern 48-bed General Hospital in small town 48 mi. from Bakersfield. 11 doctors on staff; 5 on consulting staff. Starting salary: $333 per mo. with increases at regular intervals. 2-wk. paid vacation after 1 yr. service; 3-wk. after 3 yr. 8 paid holidays after 6 mo. service. 2-wk. sick leave after 1 yr. service increasing to a maximum of 5-wk. Group health & life insurance available after 6 mo. with hospital paying approx. 70% of the premiums. Please apply, (enclosing photo) to Director of Nurses, West Side Hospital District, 110 East North St., Taft, Calif.

Registered General Duty Nurses for 118-bed General Hospital along the shores of Lake Michigan, 25 mi. from Chicago. Base salary: $300. Additional differential of $30 for evenings & $20 for nights. 5 day wk. Good personnel policies. Apply Highland Park Hospital Foundation, 718 Glenview Ave., Highland Park, Ill.

Registered Nurses for 398-bed J.C.A.H. non-sectarian research & teaching hospital with N.L.N. fully accredited school of nursing. Liberal personnel policies include tuition aid for study at Western Reserve University. Housing available at reasonable rates. Apply Director of Nursing Service, Mount Sinai Hospital,, 1800 East 105th St., Cleveland 6, Ohio.

General Duty Nurses (Immediately) for 19-bed hospital situated 95 mi. southwest of Edmonton. Salary: $220 per mo. plus full maintenance with $5.00 increase at the end of every 6-mo. of employment. The hospital is situated near 2 summer resorts. For further information please contact the Matron, Municipal Hospital, Rimbey, Alberta.

Nurses — eligible for registry — immediate openings for general duty & surgery. Starting salary: $275 per mo. 40-hr. wk. Maintenance furnished if desired. Hospital located 12 mi. south of Portland with educational & cultural advantages; near mountains & seashore. Apply to Director of Nurses, Oregon City Hospital, 515 Tenth St., Oregon City, Oregon.

Registered Nurses for staff nursing in new & beautifully equipped 100-bed hospital in the Pacific northwest. Only 6 mi. from the Pacific Ocean. Delightful climate. Beginning salary: $290 for 40-hr. wk., $10 additional for p.m. & night duty. Apply Director of Nurses, County General Hospital, Tilamook, Oregon.

Registered Nurses for 85-bed General Hospital, near border of Mexico. City of 22,000. Splendid climate. 360 days sunshine. Base salary: $275 with interval increases. 2-wk. vacation. 2-wk. sick leave. Retirement. Apply Memorial General Hospital, Las Cruces, New Mexico.

Graduate Nurses for new 125-bed maternity hospital & operating rooms. Recognition given for postgraduate courses & for experience. Opportunities for advancement. Salaries: **General Duty,** $220-$240 plus meals & laundry. **Staff positions,** $240-$270 plus meals & laundry. Fare will be advanced if necessary. For particulars apply to Director of Nursing, Royal Alexandra Hospital, Edmonton, Alberta.

Graduate Nurses (3) for 64-bed active hospital. Salary: $225 per mo. if registered in Alberta less $30 per mo. for room & board. 4-wk. vacation after 1 yr. 9 statutory holidays. 1½ days sick leave per mo. Living accommodation if desired. Travelling expenses up to $50 will be refunded after 1 yr. of service. Apply Sister Superior, Providence Hospital, High Prairie, Alberta.

Graduate Nurses (3) for 24-bed hospital. Salary: $235 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. accumulative. Apply, stating experience to Matron, Terrace & District Hospital Terrace, British Columbia.

Graduate Nurses for 33-bed General Hospital at Espanola (45 mi. from Sudbury). Salary: $230 to $250 gross per mo. Blue Cross & laundry provided. Apply Superintendent, General Hospital, Espanola, Ontario.

Graduate Nurses for new, very modern 88-bed hospital in a pleasant progressive town Nurses salary: $200 per mo. Annual increase $10 per mo. for 3 yrs. 2-wk. shift rotation bonus for night shifts. 1 hr. drive to Toronto & several resorts. Local swimming pool, bowling alleys, skating, theatres etc. Apply Director of Nurses, Dufferin Area Hospital Orangeville, Ont.

Graduate Nurses for general staff duty in a tuberculosis hospital for treatment of adult medical patients. For further information, apply to Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P.Q.

Graduate Nurses for new $13,000,000 hospital. Salary: $3,700 per yr. Meals & laundry. 40-hr. wk. Liberal vacation, holidays & sick leave. Civil Service benefits. Apply Director of Nursing, Martland Medical Center, Newark 7, New Jersey.

General Duty Nurse for 17-bed hospital. Salary: $200 gross. $5.00 per mo. increase after each 6 mo. up to 3 increases. Transportation refunded after 6-mo service. 1 mo. vacation after 1-yr. service. 2-wk. sick leave each yr. paid for if not used. Apply Municipal Hospital, Elnora, Alberta.

General Duty Nurses for the R.W. Large Memorial Hospital of the United Church of Canada, at Bella Bella, B.C. 300-mi. north of Vancouver on the B.C. coast. Salary: $240 per mo. less $40 for room, board & laundry of uniforms. 2 annual increments of $5.00 per mo. Sick time: 1½ days per mo. cumulative. 1 mo. annual vacation plus 10 days in lieu of statutory holidays. Transportation refunded after 1 yr. Apply Matron.

General Duty Nurses. Salary: $240-$280, $10 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays. 1 mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses. Royal Inland Hospital, Kamloops, B.C.

General Duty Nurses (2) for 18-bed hospital (situated in beautiful district) for the end of June. Standard B.C. salaries. 40-hr. wk. Yearly vacation & statutory holidays. Room & board $30 per mo. Apply Matron, Arrow Lakes Hospital, Nakusp, British Columbia.

General Duty Graduate Nurses (2) June 1st. Salary: $250. Board: $40. 28-day vacation after 1-yr. service. All statutary holidays paid. Graduate complement 5. Apply giving full details to Matron, Slocan Community Hospital, New Denver, British Columbia.

General Duty & Operating Room Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary $240-$273. Credit for past experience & postgraduate training. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses (Immediately) for 500-bed hospital. 40-hr. wk. 28-day vacation. 10 statutory holidays. Cumulative sick leave. Credit for past experience. Apply Director of Nurses, St. Joseph's Hospital, Victoria, British Columbia.

General Duty Nurse for well equipped 80-bed General Hospital in beautiful inland valley adjacent Lake Kathlyn. Boating, fishing, swimming, golfing, curling, skiing. Initial salary: $255. Maintenance: $40. 44-hr. wk. 4-wk. vacation with pay. Comfortable, attractive nurses' residence. Rail fare advanced if necessary .References required. Apply Bulkley Valley District Hospital, Smithers, British Columbia.

General Duty Nurses. Starting salary: $248 per mo., $10 additional for 2 yr. continuous past experience. 4 annual increments of $10 per mo. to B.C. Reg'd. nurses. $20 per mo. for one or moire years university training & $10 per mo. for hospital postgraduate clinical training of not less than 4 mo. 28 days annual vacation after 1 yr. service, 10 statutory holidays per yr. 1½ days sick leave per mo. cumulative. Room rent at nurses' residence $20 per mo. Promotions to senior positions from permanent staff. For details apply Director of Nursing, Trail-Tadanac Hospital, Trail, B.C.

General Duty Nurse: The Blanchard-Fraser Memorial Hospital (71-bed) located in Kentville, Nova Scotia, offers a General Duty Nurse ideal working conditions. 1 mo. annual vacation, excellent personnel policies plus modern living quarters with full maintenance in new nurses' residence. For further information apply to Superintendent of Nurses.

General Duty Nurses, Graduate Nursing Assistants & X-Ray Technician for 40-bed General Hospital. Excellent personnel policies. For further information apply Superintendent, Queens General Hospital, Liverpool, Nova Scotia.

General Duty Nurses for 35-bed hospital, 50 mi. from Toronto. Rotating shifts. Salary: $200 per mo. with annual increase for 3 yrs. Living accommodation in residence. Apply to the Superintendent, Stevenson Memorial Hospital, Alliston, Ontario.

General Duty Nurses for all departments. New addition to hospital recently opened. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ont.

General Duty Nurses for 55-bed hospital. Salary: $200 per mo. plus maintenance. Travelling expenses refunded on completion of 12-mo. service. Apply Director of Nursing, The Lady Minto Hospital, Chapleau, Ontario.

General Duty Nurses & Certified Nursing Assistants for 70-bed General Hospital. 44-hr. wk. Good personnel policies. Apply Director of Nursing, Ross Memorial Hospital, Lindsay, Ont.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $215 per mo. if registered in Ontario, $205 per mo., until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

General Duty Nurses (2) for permanent duty also summer relief. Modern hospital. Starting salary: $190 and full maintenance. $10 increase after one year. 8-hr. duty, 5½ day wk. Rotating shifts. Attractive nurses' residence. Popular summer resort. Apply The Superintendent, Saugeen Memorial Hospital, Southampton, Ontario.

General Duty Nurses for 163-bed Tuberculosis Sanatorium. Liberal personnel policies. Residence facilities available. Apply Director of Nurses, Sudbury & Algoma Sanatorium, P.O. Box 40, Sudbury, Ontario.

General Duty Nurses (2), Trained Nursing Assistant (1) on or after July 1st, 1957 for modern 23-bed hospital. Nurses' salary: $230 per mo. with 6 increments of $5.00 every 6-mo. 28-day vacation after 1-yr. service. 15 days sick time accumulative to 90 days. Nursing Assistant's salary: $148.50 with 3 increments of $5.00 every 6-mo. Apply stating qualifications to Miss O. M. Purdy, Supt. of Nursing, Union Hospital, Rosthern, Saskatchewan.

General Duty Nurses for 466-bed hospital. Salary' $300, California registered; $270 Canadian registered. $15 differential for 3-11 & 11-7 shifts. Apply Cedars of Lebanon Hospital, 4833 Fountain Ave., Los Angeles, California.

General Duty Nurses, Operating Room Nurses for 64-bed acute treatment, fully accredited hospital in northern California. Excellent living conditions. For full details at once on salaries, working conditions, paid vacations, paid holidays, paid sick leave & other benefits apply to Director of Nursing Services, Woodland Clinic Hospital, Woodland, California.

Operating Room Nurse (Immediately with 2 or 3 yr experience in operating room technique). Excellent opportunity for qualified person. New hospital construction to be commenced shortly. Basic salary: $235 plus $10 'on-call' allowance, plus credit for P.G. & 2-yr. satisfactory experience. Board & lodging available: $45 per mo. Apply stating age, qualifications & experience to Acting Director of Nursing, Prince George & District Hospital, Prince George, British Columbia.

EXECUTIVE SECRETARY TREASURER

The Saskatchewan Registered Nurses' Association invites applications for the position of

EXECUTIVE SECRETARY TREASURER

Applicants must have experience in Nursing Service and Nursing Education.

Experience or postgraduate study in Administration would be an asset.

Apply in writing stating qualifications, experience and salary expected to:

MISS MARY T. MACKENZIE, PRESIDENT, S.R.N.A.
1308 BROADWAY AVENUE, SASKATOON, SASKATCHEWAN.

Delivery Room Nurses (to rotate hours of duty) for new Obstetrical Dept. Good personnel policies. Apply to Director of Nursing, General Hospital, Belleville, Ontario.

Floor Duty Nurses for modern 50-bed General Hospital. Salary: $235 per mo. gross for registered nurses. Annual increment $60; extra pay for shift work. Apply Superintendent, Leamington District Memorial Hospital, Leamington, Ontario.

Office Nurse — 37-hr. wk. in doctor's office. Position open mid-September, 1957. $210 per mo. with increments every 6 mo. & apt. available. 4-wk. vacation with pay. All statutory holidays. Reply F. E. A. Griffiths, M.D., Minden, Ontario.

Industrial Nurse for large manufacturing company in Montreal. Good salary. Shift work but no night duty. Extra allowance for industrial experience, public health training etc. Excellent working conditions including sick leave, pension plan, group insurance & annual paid vacation. Knowledge of French is desirable but not essential. Apply stating age, education, experience, etc. to: Supervisor of Nurses, P.O. Box M, The Canadian Nurse Journal, 1522 Sherbrooke St. W., Montreal 25, Que.

Supervisor (qualified.) Good salary. Extra allowance for experience if French speaking. 5-day wk., 4-wk. vacations, 18 days sick leave accumulative annually. Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare Starting Salary $255, $260, $266 per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies, the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurses for generalized program with Peel County Health Unit. Salary range: $3,100-$3,700. Unit is a suburban-rural area adjacent to metropolitan Toronto. Car allowance & pension plan. Blue Cross & P.S.I. available. Apply to Dr. D. G. H. MacDonald, Medical Officer of Health, 44 Nelson St. W., Brampton, Ontario.

Public Health Nurses. Minimum salary: $2,840 with annual increases of $150 per yr. for 4 successive yrs. 38-hr. wk. 3-wk. vacation with pay. All statutory holidays. 2 days per mo. sick leave accumulative to 48 days. Uniforms provided. Apply W. M. Abraham, Sec.-Treas., Kent County Board of Health, 7th St., Chatham, Ontario.

Public Health Nurses (Qualified) for generalized program. Salary: $3,000 to $3,600. Annual increment: $150. 5-day wk. Blue Cross & P.S.I. available. Car provided or car allowance. Apply Dr. Charlotte M. Horner, Director, Northumberland-Durham Health Unit, Cobourg, Ont.

Public Health Nurse (Qualified) for generalized program City of Kingston Health Dept. Salary range: $3,000-$3,700. 5-day wk. Hospitalization plan & P.S.I. benefits available. Transportation provided. Apply to R.A. Kelly, M.D., Medical Officer of Health, Dept. of Health, 93 King St. W., Kingston, Ontario.

Public Health Nurses for generalized program in rural & semi-urban area adjacent to metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King. York County Health Unit, Newmarket, Ont.

The
Ontario Society for Crippled Children

requires

EXPERIENCED PUBLIC HEALTH NURSES

GOOD SALARY RANGE

and

PERSONNEL POLICIES

For further information apply to:

THE SUPERVISOR OF NURSING SERVICES,
ONTARIO SOCIETY FOR CRIPPLED CHILDREN,
92 COLLEGE STREET, TORONTO 2, ONTARIO

Public Health Nurses (Qualified) for generalized program in urban area. Starting salary without previous experience: $3,100. Transportation provided. 5-day wk. Pension & hospitalization plans employer shared. Apply Miss Gertrude H. Tucker, Supervisor, Public Health Nursing, Board of Health, City Hall, 50 Centre St., Oshawa, Ontario.

Public Health Nurses (2) for generalized program in city of 43,000. Blue Cross & P.S.I. employer shared. Transferrable accumulative sick leave & pension plans. Workmen's Compensation. Group insurance available. Transportation provided or allowance — 10¢ first 2,000 mi., 8¢ per mi. thereafter. 5-day wk. 1 mo. vacation with extra time at Christmas. Salary scale: $3,000 for inexperienced nurses to start with annual increments of $150. All starting salaries dependent on experience. For further information please write supplying details of training & experience to Medical Officer of Health, City Hall, Peterborough, Ontario.

Public Health Nurses (Qualified) for generalized public health nursing service. Salary range effectively July 1, 1957: $3,388-$3,833. Starting salary based on experience. Annual increments. 5-day wk. Vacation. Shared hospitalization. Sick pay & pension plan benefits. Apply Personnel Dept., Room 320, City Hall, Toronto, Ontario.

Public Health Nurses (qualified.) Salary: $3,100 depending on dist. served, less if in the Timmins area. Annual increment $150 per annum for 4 yrs. Additional allowance for experience & if French-speaking. 5-day wk. 4-wk. vacation, 18 days sick leave annually (cumulative). Car is provided. Half cost of uniform is allowed & half of Blue Cross. Workmen's Compensation. Good working conditions. Apply Sec.-Treas., Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Public Health Nurses (Qualified) for the Toronto Branch, Victorian Order of Nurses. Salary range: $3,250-$3,700. Starting salary based on experience. Annual increments. $100 uniform allowance. 5-day wk. 4-wk. vacation. P.S.I. & Blue Cross available. Pension plan benefits. Apply Director, 281 Sherbourne St., Toronto, Ont. Wa. 1-3184.

Public Health Nurse. Salary: $3,600-$4,240. Liberal personnel policies. 37½-hr. wk. Semi-urban, semi-rural area. Car furnished. Generalized program including school service. Apply Director, Visiting Nurse Association, Bernardsville, New Jersey.

SUPERVISING NURSE

SALARY RANGE: $3,900 - $4,650

Excellent working conditions, pension plan, Blue Cross.

Car allowance. Allowance for previous experience.

Write to:

L. H. DOUGLAS, M.D., D.P.H., DIRECTOR & MEDICAL OFFICER OF HEALTH,
PORT ARTHUR & DISTRICT HEALTH UNIT, BOX 241, PORT ARTHUR, ONTARIO.

ENJOY WESTERN CANADA'S CLIMATE AND HOSPITALITY

THE VANCOUVER GENERAL HOSPITAL

requires

GENERAL STAFF NURSES

REGULAR AND VACATION RELIEF POSITIONS.

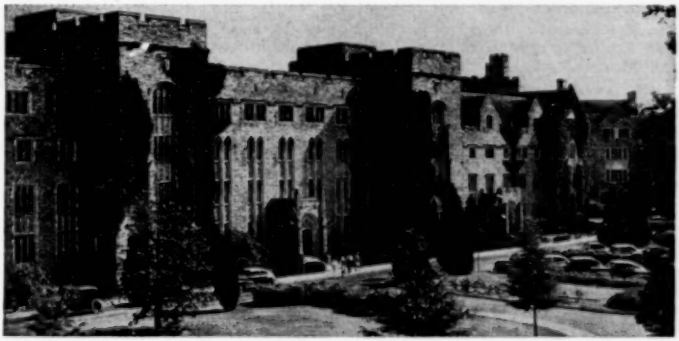
1500 bed teaching hospital, heart of British Columbia's medical centre

ATTRACTIVE PERSONNEL POLICIES

Salary $249 — $289 per month. 5 day, 40 hour week

(Eligibility for registration in B.C. necessary)

PLEASE APPLY TO PERSONNEL DEPARTMENT, VANCOUVER GENERAL HOSPITAL, VANCOUVER, B.C.



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BASE SALARY — $260 PER MONTH; FORTY-HOUR WEEK

TWENTY-FOUR DAYS VACATION

Apply to:

DIRECTOR OF NURSING SERVICE

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MOUNT SINAI HOSPITAL MEDICAL CENTER

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Opportunity to learn nursing team leadership in 400-bed, well equipped General Hospital. Attractive individual room accommodations & meals available at low cost. Convenient transportation to colleges & the famous Chicago Loop.

WRITE TO:

MOUNT SINAI HOSPITAL MEDICAL CENTER, DEPT. CNJ, 2750 WEST 15TH PLACE, CHICAGO 8, ILLINOIS.

Public Health Nurses for Wentworth County Health Unit. Salary schedule: $3,000-$3,600. 5-day wk. 4-wk. vacation with pay. Sick leave credits. Blue Cross & medical plan available. Pension plan. Liberal car allowance, loans on purchase of car available. Apply giving experience & qualifications to A. F. Stewart, National Revenue Building, Hamilton, Ontario. Phone, JA. 8-2581.

Registered Nurses (2) for Summer Relief by July 1st. & one to remain on permanent staff. 42-bed hospital. For further particulars apply Matron, Municipal Hospital, Athabasca, Alberta.

Registered Nurses for Recovery Room, Central Supply, Head Nurse & General Duty. New salary scale & personnel policies on request. Apply stating age, experience, when available, salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal 5, Que.

Graduate Nurse (1) with O.R. experience for August 1st for 28-bed hospital, pleasant surroundings. Salary: $250 per mo. less $40 per mo. room, board & laundry. 4-wk. vacation after 1 yr. service. 1½ days per mo. sick leave, yearly accumulative. Nice nurses' home. Please apply Administrator, Community Hospital, Grand Forks, B.C.

General Duty Nurses for 107-bed accredited hospital. Starting salary: $190 per mo., plus meals. Differential for evening & night duty. Periodic increases. Travelling expenses from point of entry into Ontario refunded after 6-mo. service. 44-hr. wk. 21-day vacation with pay, 8 statutory holidays, accumulated sick time. Medical & hospital plan subsidized. Room accommodation available in residence. Apply Supt. of Nurses, Kirkland & District Hospital, Kirkland Lake, Ontario.

Public Health Nurses (generalized program). Minimum salary: $3,000 with allowance for experience. Annual increments. Generous provision for transportation. For further details write Dr. R. M. Aldis, Director Huron County Health Unit, Goderich, Ontario.

Graduate Nurse for General Duty (Immediately). Salary: $230 per mo. less $45 for full maintenance in new modern nurses' residence. 40-hr. wk. 28-day vacation after 1 yr. service. 10-day statutory holidays. Fare refunded up to $40 after 1-yr. service. Apply Chas. F. Collins, Sec., General Hospital, Golden, B.C. Full information available.

General Duty Nurses for new 85-bed hospital. Good salary & generous personnel policies. Apply to the Director of Nursing, Portage Hospital Dist. #18, Portage la Prairie, Manitoba.

Operating Room Nurse for August 1, 1957. 5-day wk. Apply to Director of Nursing, St. Andrews Hospital, Midland, Ontario.

NURSING INSTRUCTORS — B.C. CIVIL SERVICE

School of Psychiatric Nursing, Provincial Mental Health Services, Essondale, B.C.

Salary: $271 rising to $327 per mo. Must be British subject eligible for registration in B.C.; hold a degree or diploma in nursing education; at least 2 yrs. preparation & experience in psychiatric nursing.

Apply to: The Personnel Officer, B.C. Civil Service Commission, Essondale, B.C.

TORONTO GENERAL HOSPITAL

Department of Radiotherapy & Ontario Cancer Institute

RADIOTHERAPY NURSE — TECHNICIANS

A 2-yr. course in technical training is offered by the above dept. to Graduate Nurses, with senior matriculation, interested in this type of work which embraces every aspect of radiation therapy. Salary during training approx. 90% of the basic for Registered General Staff Nurses. Inquiries are invited, and may be addressed to:

DR. M. V. PETERS, Dept. of Radiotherapy, Toronto General Hospital, Toronto 2, Ontario.

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(for Tuberculosis)

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ONTARIO

Applications are invited from graduate nurses for general duty staff appointments in metropolitan Toronto. Opportunities for advancement. Pension plan. Accumulative sick leave. Residence for nurses available. Also postgraduate course.

For further information apply to:

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Weston (Toronto 15) Ont.

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Opportunities to qualified Graduate Nurses in: Obstetrics, Operating Room, Constant Care, General Duty, etc.

Excellent salary with merit recognition.

For complete information regarding personnel policies & education facilities write:

MRS. IRENE D. LEWIS,
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2020 E. 93RD ST.,
CLEVELAND 6, OHIO.

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An Exceptional Opportunity at

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New Rochelle, New York

A Voluntary, general hospital of 306 beds. Located in Westchester County, adjoining New York City.

BASE SALARY—Begins at $275. in cash per month, plus 2 meals and laundry.

INCREMENTS—$5.00 every six months for a period of four years.

PREMIUM—$25. for evening and for night duty.

VACATION—2 weeks first year; 3 weeks second year; 4 weeks thereafter.

HOLIDAYS—8 annually.

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HEALTH SERVICE

SOCIAL SECURITY

LOCATION—20 miles from New York City—on Long Island Sound. Train service every half hour to and from the City.

For further information write to:

DIRECTOR OF NURSING
NEW ROCHELLE HOSPITAL
NEW ROCHELLE, NEW YORK

DIRECTOR OF NURSING

required for

NEW 85-BED GENERAL HOSPITAL

School of Nursing planned to open September
Salary schedule commensurate with experience
Enquiries are invited from qualified persons

**Apply: THE PORTAGE HOSPITAL DISTRICT #18,
PORTAGE LA PRAIRIE, MANITOBA.**

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LORRAIN SCHOOL OF NURSING

PEMBROKE, ONTARIO

Positions are available immediately for 1 Nursing Arts Instructor, 1 Science Instructor & 1 Clinical Surgical Instructor. 1 Class a year admitted to the School.

Salary commensurate with qualifications.

APPLY TO: DIRECTOR OF NURSING

REGISTERED NURSES

(Immediately)

STARTING SALARY: $245 per mo. with increments to $279.

ROTATING SHIFTS EXCELLENT PERSONNEL POLICIES

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ROSEWAY HOSPITAL

SHELBURNE, NOVA SCOTIA

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General & Tuberculosis Duty
Grace Hospital Graduates
Operating Room Nurses
Assistant Superintendent of Nurses

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CIVIL SERVICE COMMISSION,
P.O. BOX 943, HALIFAX, NOVA SCOTIA.**

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200-bed General Hospital

Pleasant City, 33,000, 3 colleges

Good Salary & Personnel Polices

for further information apply to the

**DIRECTOR OF NURSES
GUELPH GENERAL HOSPITAL
GUELPH, ONTARIO**

APPLICATIONS

are invited for:

1) Pediatric Supervisor for 21-bed unit

Postgraduate experience necessary

or

Graduate of Children's Hospital.

2) Assistant Operating Room Supervisor

Postgraduate experience necessary.

Good Personnel Policies.

Apply: Director of Nursing,

WOODSTOCK GENERAL HOSPITAL,
WOODSTOCK, ONTARIO

APPLICATIONS ARE INVITED FOR:

(1) Head Nurse, Medical Unit Days (29-bed unit)

(2) Head Nurse, Obstetrical Unit 11:00 p.m. to 7:00 a.m. (30-bed unit)

(3) General Staff Nurses, Medical, Surgical, Obstetrical & Emergency department.

Good personnel policies.

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WOODSTOCK GENERAL HOSPITAL,
WOODSTOCK, ONTARIO

SCIENCE INSTRUCTOR

for

SAINT JOHN
GENERAL HOSPITAL
SCHOOL OF NURSING

Saint John, New Brunswick

150 students

New modern teaching department

400-bed hospital

Duties to commence August 15, 1957

APPLY TO: DIRECTOR OF NURSING

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DEPARTMENT OF PUBLIC HEALTH

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GRADUATE NURSES

Interested in Public Health Nursing.

Training Bursaries available.

Salary in accordance with qualifications & experience.

Additional information may be obtained from:
Director of Public Health Nursing
Department of Public Health,
Provincial Administration Building,
Halifax, Nova Scotia.

Application Forms may be obtained from the:
Nova Scotia Civil Service Commission,
P.O. Box 943, Halifax, Nova Scotia,
or by telephoning 2-7341 — Branch 230.

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requires

General Staff Nurses for 920-bed General Hospital to open a 250-bed addition in the near future. 40-hr. wk.

Salary schedule: $230-$260 per mo. with generous allowance for past experience. Excellent fringe benefits.

For further information apply to:

Associate Director
of Nursing (Service)
University of Alberta Hospital,
Edmonton, Alberta

ALBERTA

requires

PUBLIC HEALTH NURSES

for

SENIOR & STAFF POSITIONS
IN HEALTH UNITS

and for the

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NURSING SERVICE

New salary schedule in effect
since April 1, 1957

Application forms & details from

DIRECTOR OF PUBLIC HEALTH NURSING
PROVINCIAL DEPT. OF PUBLIC HEALTH
ADMINISTRATION BUILDING,
EDMONTON, ALBERTA

STAFF NURSES

SALARY RANGE: $3,000 - $3,750

Excellent working conditions, pension plan, Blue Cross.
Car allowance. Allowance for previous experience.

Write to:

L. H. DOUGLAS, M.D., D.P.H., DIRECTOR & MEDICAL OFFICER OF HEALTH,
PORT ARTHUR & DISTRICT HEALTH UNIT, BOX 241, PORT ARTHUR, ONTARIO.

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1 Class of 20-24 students enrolled per yr. Salary commensurate with qualifications. Board & room available if desired.

For further information apply:

DIRECTOR OF NURSING,
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Salary range $325-$360 per month; differential on p.m. shift $1.50, nights $1.00.

Openings in Obstetrical and Medical-Surgical services.

Apply to Personnel Department,

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NURSING ASSISTANTS

Required for all departments in new 160-bed hospital, centrally located between Toronto and Hamilton, in a very progressive community.

Good salary and personnel policies, pension plan.

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ASSOCIATE DIRECTOR OF NURSING SERVICE

CENTRAL SUPPLY ROOM SUPERVISOR
OPERATING ROOM SUPERVISOR

REQUIRED AUGUST 1, 1957

For new 300-bed General Hospital

Excellent Personnel Policies

For further information please apply

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Positions Available in new 300-bed General Hospital

OBSTETRICAL SUPERVISOR (Qualified)

GENERAL STAFF NURSES

(Salary $225 per month)

Perquisites include: 28 days vacation; 8 statutory holidays; sick leave accumulative to 60 days; free laundering of uniforms.

For further information apply:

DIRECTOR OF NURSING,
MEMORIAL HOSPITAL, REGENT ST. S., SUDBURY, ONTARIO

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has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
- Vacation with pay.
- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
5 Blackburn Ave., Ottawa 2, Ont.

General Duty Nurses for Modern 60-Bed Hospital

CENTRALLY LOCATED IN SOUTHWESTERN ONTARIO.

5½ day-wk. 3-wk. annual vacation, 7 statutory holidays, accumulative sick time & $15 shift differential. The hospital pays half of hospital, medical care, weekly indemnity & life insurance plan.

Apply:

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APPLICATIONS WILL BE ACCEPTED BY THE

SECRETARY OF THE BOARD OF GOVERNORS,

KINGSTON GENERAL HOSPITAL, KINGSTON, ONTARIO

for the position of

DIRECTOR OF NURSING

REGISTERED NURSES

$2,610-$3,360

ACCORDING TO QUALIFICATIONS

CERTIFIED NURSING ASSISTANTS

$2,040-$2,220

SUNNYBROOK HOSPITAL 5-day week **WESTMINSTER HOSPITAL**
TORONTO **LONDON**

Application forms, available at your nearest Civil Service Commission Office, National Employment Service & Post Offices, should be forwarded to the

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OBSTETRICAL SUPERVISOR

REQUIRED

FOR 26-BED TEACHING UNIT

QUEEN ELIZABETH HOSPITAL OF MONTREAL

Personnel policies as recommended by A.N.P.Q.

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for the

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SASKATOON, SASKATCHEWAN

SALARY: $3,060-$3,840 PER ANNUM. 40-HR. Wk.

Liberal vacation with pay. 21-days sick leave annually, accumulative. Superannuation plan.

APPLY TO DIRECTOR OF NURSING.

UNIVERSITY HOSPITAL

SASKATOON, SASKATCHEWAN

Requires

General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty hour week. Salary $220 to $260 gross per month. Differential for evening and night duty, Residence Accommodation if desired.

Apply to:

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Opportunities for men & women on the service of your choice. A 953-bed teaching hospital with a friendly atmosphere, well planned orientation program, active graduate nurse club, cultural advantages & excellent transportation facilities.

Starting salary: $270 per mo. 6 holidays, sick leave, 3 wk. vacation.

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